FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered,

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P95000001646 JD ELECTRONICS, INC. 04-27-2001 90345 031 ***150.00 Principal Place of Business Mailing Address 1970 LAKE ARIANA BLVD 1970 LAKE ARIANA BLVD AUBURNDALE FL 33823 AUBURNDALE FL 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3290314 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1 DENTEL, JEFF Street Address (P.O. Box Number is Not Acceptable) 1970 LAKE ARIANA BLVD **AUBURNDALE FL 33823** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) TITLE ☐ Delete DENTEL, JEFF A. NAME NAME STREET ADDRESS 1970 ARIANA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL 33823 TITLE ☐ Delete Change ☐ Addition DENTEL, TINA NAME STREET ADDRESS STREET ADDRESS 1970 ARIANA BLVD CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL 33823 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if