FILED

(2/01)

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 18, 2001 8:00 am Secretary of State DOCUMENT # P95000013330 1. Entity Name 07-18-2001 90258 041 ***550.00 JR & BR INVESTMENTS, INC. Principal Place of Business Mailing Address 2002 ALAFIA OAKS 2002 ALAFIA OAKS VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3297416 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAXON, BERNICE S ESQ. Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD. STE. 3200 ONE BARNETT PLAZA TAMPA FL 33602 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete Addition TITLE CHENOWETH, RAYMOND J NAME STREET ADDRESS 2002 ALAFIA OAKS STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP TITLE Delete Addition FOMUKE, RICHARD K NAME STREET ADDRESS 3413 PENDLETON WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAND O'LAKES FL 34639 ☐ Change ☐ Addition TITLE TITLE Delete . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 d to execute this report as of the corporation or the rece quired by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attach