(9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

GNATURE:

Feb 20, 2002 8:00 am **Secretary of State** DOCUMENT # P95000043717 1. Entity Name 02-20-2002 90154 048 ***150.00 JET STREAM DISTRIBUTORS, INC. Principal Place of Business Mailing Address 3446-B S.W. 42 AVENUE 7229 N.W. 4 BLVD. GAINESVILLE FL 32608 GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3319138 Not Applicable Country Zip 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 martin, donna w Street Address (P.O. Box Number is Not Acceptable) 7229 NW 4 BLVD. GAINESVILLE FL 32606 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition ILE Delete TITLE MARTIN, DONNA W ME NAME STREET ADDRESS 611 SW 80 BLVD. REET ADDRESS CITY-ST-ZIP Y-ST-7IP GAINESVILLE FL 32607 LE Change Addition PD ☐ Delete TITLE ME Martin, Jeff NAME REET ADDRESS STREET ADDRESS 8690 GREAT PINE LN W. Y-ST-ZIP CITY-ST-ZIP-Jacksonville FL 32244 ☐ Delete TITLE Change ☐ Addition Gardiner, Brian NAME Gardiner, Brian EET ADDRESS STREET ADDRESS 2386 DUNDEE COURT EAST ST-ZIP ORANGE PARK FL 32065 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME . Eet address STREET ADDRESS -ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME FFT ADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP TITLE ☐1 Change ☐ Addition □ Delete NAME ET ADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP 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 of 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