2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000046858** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name J & L WESTERN WEAR INC. 04-24-2000 90117 016 ***150.00 Mailing Address Principal Place of Business 14569 SOUTHERN BLVD. 14569 SOUTHERN BLVD. LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470-9221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0594909 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MINARD, LINDA A 14569 SOUTHERN BLVD. LOXAHATCHEE FL 33470 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 SALDOWM. FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 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 12. 11. b + DChange Addition TITLE Delete TITLE MINARD GERALD H MINARD, LINDA NAME NAME 14569 Southern BLVD STREET ADDRESS 16790 W. STALLION DRIVE STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL CITY-ST-7IP DXAHATCHEE FL 334 Change ☐ Addition ☐ Delete TITLE TITLE MINARD, GERALD H NAME STREET ADDRESS STREET ADDRESS 16790 W. STALLION DRIVE CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL Change Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 changed, or on an attachment with an address, with all other like empowered.

IGNATURE: Levald H. Munard - GERALD H. MINARD 4/17/2000 561-791-1799