2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 19, 2002 8:00 am E Secretary of State DOCUMENT # P95000056199 1. Entity Name 08-19-2002 90146 029 ***550.00 JESSE LORE ENTERPRISES, INC. Principal Place of Business Mailing Address 7409 ALTA LOMA AVE 12088 ANDERSON RD TAMPA FL 33625 STE 129 TAMPA FL 33625 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 59-3326944 Not Applicable Zip 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Alta Loma Ave TALLAHASSEE FL 32301-2525 ampa 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME LORE, STEPHANIE NAME STREET ADDRESS 12088 ANDERSON RD., #129 STREET ADDRESS CITY-ST-ZIE TAMPA FL 33625 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME LORE, JESSE D JR NAME STREET ADDRESS **13611 OLD FARM DR** STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME LORE, JR, JESSE STREET ADDRESS 6616 APPALOOSIA DR. STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33625** CITY-ST-ZIP TITLE 🔽 Delete TITLE Change Addition NAME KEALEY, PATRICK NAME STREET ADDRESS 7015 SUMMEBRIDGE DR. STREET ADDRESS CITY-ST-7IF TAMPA FL 33614 CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED