2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Mar 05, 2002 8:00 am § Secretary of State P95000077053 DOCUMENT # 1. Entity Name JAKS DISTRIBUTORS, INC. 03-05-2002 90085 017 ***150.00 Principal Place of Business Mailing Address 5849 WINDSOR TERRACE 5849 WINDSOR TERRACE **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. Çity & State City & State 4. FEI Number Applied For 65-0618137 Not Applicable 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 STONE STONE. JEFFREY I Street Address (P.O. Box Number is Not Acceptable) 4178 N.W. 55TH PLACE **BOCA RATON FL 33496** 8. The above pamed entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. 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, 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 12. PTSD TITLE PRESIDENT ☐ Delete CR2E034 (9/01) Change Addition STONE STONE, JEFFREY NAME NAME **5849 WINDSOR TERR** STREET ADDRESS KINGS WAY STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-7IP CITY-ST-ZIP BOCA TITLE ☐ Delete TITLE Change Addition SAME NAME STONE, KIM E NAME STREET ADDRESS **5849 WINDSOR TERRACE** STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP JEFFREY I. STONE - TREASURETY ☐ Delete TITLE NAME NAME 386 KINSS WAY boca Raton, Af. 33434 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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

FILED

Daytime Phone #