`2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am Secretary of State DOCUMENT # P95000080021 1. Entity Name JB REALTY OF SRQ, INC. 05-14-2002 90281 047 ***150.00 Principal Place of Business Mailing Address 5310 HUNTINGTON COURT 5310 HUNTINGTON COURT C/O GERALD L. BOEVE C/O GERALD L. BOEVE SARASOTA FL 34235 SARASOTA FL 34235 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 65-0565402 Not Applicable Zip Country 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 BOEVE, GERALD L Street Address (P.O. Box Number is Not Acceptable) 5310 HUNTINGTON COURT SARASOTA FL 34235 City 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) 9: This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150,00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BOEVE, GERALD L. NAME STREET ADDRESS 5310 HUNTINGTON COURT STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP TITLE . V/S ☐ Delete TITLE ☐ Change ☐ Addition NAME. BOEVE, DONNA M. NAME STREET ADDRESS 5310 HUNTINGTON COURT STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP bes not chalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ccurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director xecuter his report as required by the parter 697, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information surfa-

SIGNATURE:

indicated on this report or supplement of the corporation or the receiver or

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