2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P95000084608 May 01, 2000 8:00 am Secretary of State JRC INTERNATIONAL PRODUCTS, INC. 05-01-2000 90483 011 ***150.00 Principal Place of Business Mailing Address 1646 COMANCHE TRAIL 1251 MARINA POINT MAITLAND FL 32751-3822 CASSELBERRY FL 32707 3. Mailing Address 2. Principal Place of Business 684 TUSCORA L DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-3375983 Winter Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SHEPHARD, JEFFREY J SR. ber is Not Acceptable) 1646 COMANCHE TRAIL MAITLAND FL 32751 8. The above named entity submits this statement for the purpose of changing its registered office or registered FILE NOW!!! FEE 18 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550:00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD Change TITLE ☐ Delete TITLE SHEPHARD, JEFFREY J SR. NAME NAME 1646 COMANCHE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete TITLE ☐ Addition TITLE RATLIFF, FRANKLIN R. NAME **5090 HOPERITA ST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 eath; 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