2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2002 8:00 am Secretary of State DOCUMENT # P96000005122 1. Entity Name J & S ENTERPRISES GROUP, INC. 05-10-2002 90050 023 ***158.75 Principal Place of Business Mailing Address 1700 W KING STREET, SR 520 1700 W KING STREET, SR 520 359228 SUITE C SUITE C COCOA FL 32926 COCOA FL 32926 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 59-3353380 Not Applicable Zip 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 Name FERRARA, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 622 CHAMBERS WAY **ORANGE CITY FL 32763** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME FERRARA, JEFFREY J NAME STREET ADDRESS 1700 W KING STREET, SR 520, STE C STREET ADDRESS CITY-ST-ZIP COCOA FL 32926 CITY-ST-ZIP **VSD** ☐ Delete TITLE ☐ Change ☐ Addition NAME DEJOY, EUGENE R NAME STREET ADDRESS 1700 W KING ST., SR 520, SUITE C STREET ADDRESS CITY-ST-ZIP COCOA FL 32926 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

381-636-9296