~ 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600005243 JELLA CORP. FILED 01 MAY 23 PH 4: 41 Principal Place of Business Mailing Address 12811 KENWOOD LANE 12811 KENWOOD LANE SECRETARY OF STATE SUITE #101 SUITE #101 TALLAHASSEE, FLORIDA FT. MYERS FL 33907 FT. MYERS FL 33907 US 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 65-0635270 Applied For Not Applicable Zip \$8.75 Additional Country _ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEMOSS, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 7500 EAGLES FLIGHT LANE FORT MYERS FL 33912 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, typed or printed name of registered egent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State # 1 34. W. 1 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete MILE · Change DEMOSS, JEFFREY D. NAME NAME STREET ADDRESS 7500 EAGLES FLIGHT LANE STREET ADDRESS CITY-ST-ZIP City-ST-ZIP FORT MYERS FL 33912 TITLE Delete TITLE Change Addition NAME NAME 600004480866 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP -07/17/01--01065--016 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Trm F ☐ Channe ■ 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 Change Addition Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it 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 of the corporation or the receiver outrustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: