FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 24, 2000 8:00 am Secretary of State DOCUMENT # P9600007665 1. Entity Name, CJB LEASING, INC. 01-24-2000 90093 006 ***158.75 Principal Place of Business Mailing Address 19703 BRADDOCK OAK DR. 14703 BRADDOCK OAK DR 905095 FL 32837 ORLANDO FL 32837-4955 2. Principal Place of Business 3. Mailing Address 14703 GRuddock Oak De Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State ORUA WOO 4. FEI Number Applied For City & State 59-3359995 QRLANDO Not Applicable 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 Name BAUER, ROBERT III Street Address (P.O. Box Number is Not Acceptable) 14703 BRADDOCK OAK DR. ORLANDO FL 32837 Zip Code City 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 . DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Delete TITLE Change ☐ Addition TITLE BANER Robert III 14703 GRACIPOCIC DOL DR BAUER, ROBERT III NAME NAME 2842 FALLING TREE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-7IP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE □ Defete 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 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.

SIGNATURE:

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