2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020983 Feb 13, 2000 8:00 am 1. Entity Name Secretary of State JIJORO SERVICES, INC. 02-13-2000 90011 032 ***150.00 Principal Place of Business Mailing Address 23500 CROOM ROAD 23500 CROOM ROAD BROOKSVILLE FL 34601-4841 BROOKSVILLE FL 34601-4841 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3361885 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 ROBINETT, V. JIM JR. Street Address (P.O. Box Number is Not Acceptable) 23500 CROOM ROAD BROOKSVILLE FL 34601-4841 Zip Code City 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 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 \$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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Delete TITLE TITLE ROBINETT, V. JIM JR. NAME STREET ADDRESS 23500 CROOM ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL 34601-4841 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROBINETT, JOAN V. NAME NAME STREET ADDRESS 23500 CROOM ROAD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **BROOKSVILLE FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-2000

352-799-477

Daytime Phone