UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90145 047 ***150.00

DOCUMENT # P96000065667

Name
J NOVELTIES, INC.

Principal Place of Business	Mailing Address
NE 9TH PLACE CORAL FL 33909	2128 NE 9TH PLACE CAPE CORAL FL 33909-4446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Street Address, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country / Zip	Country / Zip

4. FEI Number 65-0689962 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEAVER, ROBERT L
2128 NE 9TH PLACE
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back.) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D BEAVER, ROBERT L 2128 NE 9TH PLACE CAPE CORAL FL 33909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D PALMER, JANET S 2128 NE 9TH PLACE CAPE CORAL FL 33909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 5/24/00 — (941) 945-1448 Daytime Phone #