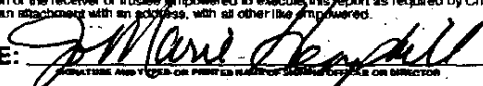


FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90110 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000099362		
1. Entry Name J & S INVESTMENTS OF CENTRAL FLORIDA, INC.		
Principal Place of Business 26 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741		Mailing Address 26 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741
2. Principal Place of Business Same	3. Mailing Address Same	☐ CHECK HERE IF MAKING CHANGES
Suite, Apt. #, etc. Same	Suite, Apt. #, etc. Same	
City & State Same	City & State Same	
Zip Same	Country USA	
4. FEI Number 59-3419239		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HEMPHILL, JO MARIE 26 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of, registered agent.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature Required when electing.) DATE		
		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
CR2E034 (10/02)		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPST HEMPHILL, JO MARIE 26 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4/28/03

RECEIVED
MAY 15 2003