FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State DOCUMENT # P97000013216 1. Entity Name 04-24-2002 90384 037 ***150.00 JDC MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 4606 ESPERANZA AVENUE 4606 ESPERANZA AVENUE **TAMPA FL 33611 TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3437043 Not Applicable Zip 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 LOPEZ, AL R JR Street Address (P.O. Box Number is Not Acceptable) 4600 WEST CYPRESS ST STE 500 TAMPA FL 33607 City Zip Code 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 Signature, typed or printed name of registered agent and title if 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 filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change Addition COLLINS, JUNE D NAME STREET ADDRESS **4606 ESPERANZA AVENUE** STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TAMPA FL 33611 TITLE ۷P ☐ Delete TITLE ☐ Change ☐ Addition NAME COLLINS, RAY F. NAME STREET ADDRESS 4606 ESPERANZA AVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition 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 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.

JUNE D. COLLINS