FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

04 MAR -4 PM 12:50

DOCUMENT # P97000034032

1. Entity Name: JPMP Properties, Inc

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

3/4/04 01006 002 165.00
11/4/03 01029 004 150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: JPMP Properties
Suite, Apt #, etc.
City & State: Oldsmar, FL
Zip: 34677 County: Pinellas

3. Mailing Address: 109 Commerce Blvd.
Suite, Apt #, etc.
City & State: Oldsmar, FL
Zip: 34677 Country: Pinellas

4. FEI Number: 59-3441877 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name: Paul Giansiracusa
Street Address (P.O. Box Number is Not Acceptable): 109 Commerce Blvd.
City: Oldsmar, FL Zip Code: 34677

DO NOT WRITE IN THIS SPACE

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] President 2/26/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 – May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to: Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. Paul Giansiracusa, 109 Commerce Blvd. Oldsmar, FL 34677	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP John Veth, 109 Commerce Blvd Oldsmar, FL 34677	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/26/04 727-487-4466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

per Pat Bailey 3/4/04

2/2

October 20, 2003

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Document #: **P97000034032**

To Whom It May Concern:

I am writing to inform you that I have not received the 60 days notice and am requesting a waiver. I have enclosed a check in the amount of $150.00. Please accept this as payment for the renewal fee.

Should you need to speak with me regarding this matter, please contact me at 813-854-3354.

Sincerely,

Paul Giansiracusa

President J.P.M.P. Properties Inc