FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P9700038508 JUMP START INDUSTRIAL, INC. 04-27-2000 90073 037 ***158.75 Principal Place of Business Mailing Address 1321 N LAKESHORE JORIVE 1921 N LAKESHORE BRIVE SARASOTA FL 3427 SARASOTA FL-34231-3439 948427 2. Prin Address DO NOT WRITE IN THIS SPACE st. #. etc. ^{Suit}6312 US HWY 301 N. PMB #396 ELLENTON, FLORIDA 34222 Applied For ate 4. FEI Number 65-0749250 Not Applicable Zip Countr√ \$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 DESENBERG, MILFORD M JR Street Address (P.O. Box Number is Not Acceptable) 1321 N LAKESHORE DRIVE SARASOTA FL 34231 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. VICE PRESIDEN ☐ Change Addition TITI F Delete TITLE DESENBERG DESENBERG, MILFORD M JR TREY NAME NAME BAT PRIVE 3 208 1321 N LAKESHORE DRIVE STREET ADDRESS STREET ADDRESS BLADENTON CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34231 🗋 Change Addition ☐ Delete TITLE DESENBERG, ZITA JR NAME NAME 1321 N LAKESHORE DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE TITLE 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.