2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000046819 May 08, 2000 8:00 am Secretary of State JEMMCO CONSTRUCTION & DEVELOPMENT COMPANY, INC. 05-08-2000 90173 039 ***158.75 Mailing Address Principal Place of Business 16931-STONEHAVEN ROAD 48931 STONEHAVEN ROAD MIAMI LAKES FL 33014 -MIAMI LAKES FL 33014 3. Mailing Address 2. Principal Place of Business Grove Rd 8161 Shady 8161 Shady Grove Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0761828 Jacksonville CL Jacksonville Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 3225*6* 32256 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SKRLD, INC. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134 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 DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TIT! F TITLE NAME NAME FORD, EUGENE JR Shady Grove Rd STREET ADDRESS STREET ADDRESS 16931 STONEHAVEN ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete TITLE NAME HOLLOWAY, MARVIN NAME 8161 Shad Grove Rd Jacksonville FL 32256 STREET ADDRESS STREET ADDRESS 16931 STONEHAVEN ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Addition TITLE - Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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.

Eugene Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: