2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# P97 000059405 May 16, 2000 8:00 am **Secretary of State** JK Alouso Corporation 05-16-2000 90027 012 \*\*\*150.00 Principal Place of Business 5495 Flax Rd Pensacola, FL 3.2504 **D0049289** 2. Principal Place of Business 3410 West 9 Mile RI 3. Mailing Address 3410 West 9 Mile Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3456418 Persarula Not Applicable \$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 - DRAughow, Richard-5-200 West Forsyth St Street Address (P.O. Box Number is Not Acceptable) Suite 1730 JACKSONUIlle,FL 32202 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 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 Foe will be \$550,00 Tax filing requirement and elects to do so. 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 H. Gordon Jones 3410 West 9 Mile Rd Alouso, Joseph 5495 Flax Rd Persacula, FL 32504 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pensacola, FL 32526 CITY-ST-ZIP ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition NAME THEFT WITHEST STREET ADDRESS CITY-ST-ZIE .... ST ZUP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS ADDRESS ST ZIP CITY-ST-ZIE Change ☐ Addition MLÉ ☐ Delete TITI F NAME STREET ADDRESS CITY-ST-ZIP Change Addition ☐ Delete TITLE HILE STREET ADDRESS 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. **SIGNATURE:** SIGNATURE AND TYPES OR PRINTED NAME OF SE