SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P9700065226 Jan 21, 2000 8:00 am 1. Entity Name **Secretary of State** J.S.U.B., INC. 01-21-2000 90068 003 ***150.00 Principal Place of Business Mailing Address 1820 COLONIAL BLVD 1820 COLONIAL BLVD **STE 101** FT. MYERS FL 33907-1301 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0775278 Not Applicable Country \$8.75 Additional Zip Country Ζip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUBLETT, JAMES Street Address (P.O. Box Number is Not Acceptable) 1820 COLONIAL BLVD SUITE 101 FORT MYERS FL 33907 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 12. OFFICERS AND DIRECTORS 11. ☐ Addition **PSTD** ☐ Change ☐ Delete TITLE TITLE SUBLETT, JAMES NAME STREET ADDRESS 1820 COLONIAL BLVD., SUITE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 1 Addition TITLE ⁻□ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete ☐ Change TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 acquirate 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 truther 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 simplement.

Date

Daytime Phone #