2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **P97000065380** 1. Entity Name JMB VENTURE ENTERPRISES, INC. 05-01-2000 90474 024 ***150.00 Principal Place of Business Mailing Address 4300 SOUTH U.S. HIGHWAY ONE. #203-314 4300 SOUTH U.S. HIGHWAY ONE, #203-314 JUPITER FL 33477-1198 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address 772 SEAVIEW DRIVE 772 SEAVIEW DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State -----City & State 4. FEI Number 65-0768811 JUNO BEACH, FL JUNO BEACH. FLNot Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33408 33408 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLUBAUGH, JOSEPH M. III BLUBAUGH, JOSEPH M III 365 RIVER EDGE ROAD JUPITER FL 33477 City ^{Zi}B33468 JUNO BEACH 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, typ ed agent and title if applicable (NOTE: Registered en 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 П (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE Change Addition TITLE ☐ Delete BLUBAUGH, JOSEPH M. III 772 SEAVIEW DRIVE BLUBAUGH, JOSEPH M III NAME NAME STREET ADDRESS 365 RIVER EDGE ROAD STREET ADDRESS " ii 33408 JUNO BEACH, FL CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 Change Addition ☐ Delete TITLE TITLE BLUBAUGH, JOSEPH M. III BLUBAUGH, JOSEPH M III NAME NAME 772 SEAVIEW DRIVE 365 RIVER EDGE ROAD STREET ADDRESS STREET ADDRESS JUNO BEACH, FL 33408 CITY-ST-ZIP JUPITER FL 33477 CITY-ST-7IP Delete Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP.

TO NAME OF SIGNING OFFICER OR DIRECTOR