2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 24, 2000 8:00 am Secretary of State DOCUMENT # P9700066103 J. & H. TRADING, INC. 03-24-2000 90115 027 ***150.00 Principal Place of Business Mailing Address 8701 GATOR CREEK DRIVE 8701 GATOR CREEK DRIVE SARASOTA FL 34241 SARASOTA FL 34241-9737 COC44674 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 65·0779981 4: FEI Number Applied For City & State City & State 65-6250497 Not Applicable Zip Country _ -ب دريب يا Zip__ Country - - ---\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MYERS, TROY H Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN ST., STE. 600 SARASOTA FL 34237 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 NAY 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 11. 12. ☐ Addition ☐ Delete TITLE TITLE MILLER, JOHN J NAME NAME 8701 GATOR CIRCLE DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MILLER, HELEN L NAME NAME 8701 GATOR CIRCLE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete 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 ☐ Change ☐ Addition ☐ Delete TITLE 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 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.