2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver of

changed, or on an attachment v

SIGNATURE:

trustee empowered to

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 18, 2002 8:00 am Secretary of State P97000088162 DOCUMENT # 1. Entity Name 04-18-2002 90343 020 ***150.00 JETCO BUILDERS, INC. Principal Place of Business Mailing Address 8839 PARK AVE 8839 PARK AVE HUUIVV YOUNGSTOWN FL 32466 YOUNGSTOWN FL 32466 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3472592 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TATUM, JAMES E Street Address (P.O. Box Number is Not Acceptable) 8839 PARK AVE YOUNGSTOWN FL 32466 Zip Code City FI 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change ☐ Addition TATUM. JAMES E NAME NAME STREET ADDRESS 8839 PARK AVE STREET ADDRESS CITY-ST-ZIP YOUNGSTOWN FL 32466 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ' ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information al report is true and ag Jurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemen