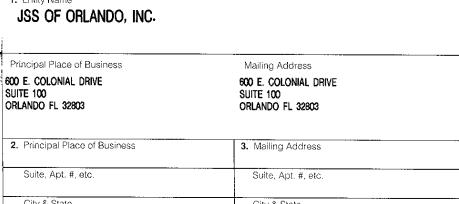
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000004654** JSS OF ORLANDO, INC.

FILED Mar 01, 2001 8:00 am Secretary of State

03-01-2001 90051 045 ***150.00





DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3490776 Not Applicable Zip Country Zip Country \$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 Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BOULEVARD 1600 MIAMI CENTETR MIAMI FL 33131 City Zip Code 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 orinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change Addition SCHRIMSHER, J S NAME 600 E COLONIAL DR STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP TITLE ☐ Delete SITLE Addition Change SCHRIMSHER, FRANK L NAME NAME STREET ADDRESS 600 E COLONIAL DR STE 100 STREET ADDRESS CITY-ST-7IP ORLANDO FL 32803 CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition SCHRIMSHER, MICHAEL NAME STREET ADDRESS 600 E COLONIAL DR STE 100 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 add ss, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Steven Schrimsher

CR2E034 (10/00)