FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State P98000004654 DOCUMENT # 1. Entity Name 04-17-2002 90079 008 ***150.00 JSS OF ORLANDO, INC. 1 Principal Place of Business Mailing Address 600 E. COLONIAL DRIVE 🗸 600 E. COLONIAL DRIVE SUITE 100 SUITE 100 ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3490776 Not Applicable Zip Country 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 CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BOULEVARD 1600 MIAMI CENTETR MIAMI FL 33131 Zip Code City 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Detete TITLE SCHRIMSHER, J S NAME 600 E COLONIAL DR STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 Delete TITLE Change ☐ Addition TITLE NAME SCHRIMSHER, FRANK L NAME STREET ADDRESS 600 E COLONIAL DR STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 TITI F -__ _ Delete TITLE Change ☐ Addition SCHRIMSHER, MICHAEL NAME STREET ADDRESS 600 E COLONIAL DR STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 of trustee embowered 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.

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Steven Schrimsher/President/4/8/02/