2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

Mar 25, 2002 8:00 am P98000007744 DOCUMENT # Secretary of State 1. Entity Name 03-25-2002 90007 041 ***150.00 J-V RANCH, INC. Principal Place of Business Mailing Address 6105 S.W. GATOR TRAIL: 6105 S.W. GATOR TRAIL PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address 6105 SW GATOR TRAIL 105 SW GATOR TRAIL DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FÉI Number 65-0808353 Not Applicable ALM 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 ROSADO, FELIX Street Address (P.O. Box Number is Not Acceptable) 6105 S.W. GATOR TRAIL PALM CITY FL 34990 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Delete TITLE ☐ Change Addition TITLE ROSADO, FELIX NAME NAME STREET ADDRESS 6105 S.W. GATOR TRAIL STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME ROSADO, VICKI NAME STREET ADDRESS STREET ADDRESS 6105 S.W. GATOR TRAIL CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME 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 TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 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 a changed, or on an attachment with an address, with all other like empowered.

FILED