2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012089 May 30, 2000 8:00 am Secretary of State JAMESTOWN 20, INC. 05-30-2000 90037 015 ***150.00 Principal Place of Business Mailing Address 14821 E TETHERCLIFF ST 14821 E TETHERCLIFF ST DAVIE FL 33331 DAVIE FL 33331 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 65-0858789 Not Applicable Country 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 PINTO, HEW D Street Address (P.O. Box Number is Not Acceptable) 14821 E TETHERCLIFF ST **DAVIE FL 33331** 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 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, 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. Change ☐ Addition ☐ Delete TITLE TITLE NAME PINTO, HEW D NAME STREET ADDRESS STREET ADDRESS 14821 E TETHERCLIFF ST CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33331 ☐ Change ☐ Addition ☐ Delete TITLE NAME JACKSON, GREGORY A NAME STREET ADDRESS 14821 E TETHERCLIFF ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33331 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME 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 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does 10 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

4-30 00

934-252-1822

Davlime Phone #