2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000022996 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name JAX4US, INC. 09-11-2000 90016 043 ***550.00 Principal Place of Business Mailing Address 1651 MAYPORT ROAD 1651 MAYPORT ROAD ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 3. Mailing Address 2. Principal Place of Business 7070 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3239915 Not Applicable SUWA-1 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Beck BOND, C G Street Address (P.O. Box Number is Not Acceptable) 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250 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. CA //4 way Agent signature required when reinstatting) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. П 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 . 12. - Change _ _ Addition President= ~ ☐ Delete TITLE monachan James B 2000 Red EliFF Court NAME * MONAGHAN, JAMES B NAME STREET ADDRESS STREET ADDRESS 7070 REDCLIFF COURT CITY-ST-ZIP CITY-ST-ZIP SUWANEE GA 30024 ☐ Change Addition D ☐ Delete TITLE TITLE MARI, THOMAS JR NAME NAME STREET ADDRESS STREET ADDRESS 1651 MAYPORT ROAD ` CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL 32233 Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE . 🔲 Delete -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY+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 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 programment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTO

9/8/00

404-310-4000

Daytime Phone #