FILED

2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P98000026517 DOCUMENT # 05-05-2003 90196 046 ***150.00 JIL COMPUTER INFORMATION SYSTEMS AND ACCOUNTING INC. Principal Place of Business Mailing Address 3860 NW 102 AVE 3860 NW 102 AVE CORAL SPRINGS FL 33020 CORAL SPRINGS FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0822747 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTERS, SANDRA J Street Address (P.O. Box Number is Not Acceptable) 3860 NW 102 AVE *CORAL SPRINGS FL 33065 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check-Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Change ☐ Addition TITLE ☐ Delete WALTERS, ORAL ST P NAME NAME STREET ADDRESS 3860 NW 102 AVE STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIE CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE WALTERS, SANDRA NAME NAME STREET ADDRESS 3860 NW 102 AVE STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIE CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME

12. 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 10 or Block 11 if

STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME (

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Division of Corporations

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