## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000070785 May 16, 2000 8:00 am Secretary of State JCG HOLDINGS, INCORPORATED 05-16-2000 90116 049 \*\*\*150.00 Mailing Address Principal Place of Business 3535 LA PALOMA AVE 3535 LA PALOMA AVE SARASOTA FL 34242-1141 SARASOTA FL 34242 3. Mailing Address Jana Dollar Lane 2. Principal Place of Business 32 Sand Dollar Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Gity & State City & State 4. FEI Number Applied For 65-0854991 FL FL arasota, arasota Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORCORAN, JANE Street Address (P.O. Box Number is Not Acceptable) 132 Sand Bollar Lane 3535 LA PALOMA AVENUE SARASOTA FL 34242 City Sarasofa 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 DATE 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, 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. ☐ Delete TITLE TITLE CORCORAN, JANE CORCORAN, JANE NAME NAME BOWAR LANE 3535 LA PALOMA AVE 132 SAMS STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP SARASOTA, FL 34242) CITY-ST-ZIP ☐ Delete TITLE TITLE CUNNINGHAM, JOSEPHINE 132 Sand DOLLAR LANE Sarasota, PL 34242 CUNNINGHAM, JOSEPHINE NAME NAME 3535 LA PALOMA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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

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 changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-23-00