2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P98000078351 1. Entity Name J&P RESEARCH, INC. 04-13-2001 90072 035 ***150.00 Principal Place of Business Mailing Address 5983 GREEN BLVD. 5983 GREEN BLVD. $v \approx \lor v = \bullet$ NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3530559 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHANG, PEGGY Street Address (P.O. Box Number is Not Acceptable) 5983 GREEN BLVD. NAPLES FL 34116 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE CHANG, PEGGY NAME NAME STREET ADDRESS 5983 GREEN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34116 ☐ Addition ☐ Change ☐ Delete TITLE VTD TITLE NAME AUGUSTINE, JIM NAME STREET ADDRESS STREET ADDRESS 223 MONTERREY DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 Change ■ Addition TITLE Delete NAME CHANG, JIM_ NAME STREET ADDRESS 5983 GREEN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 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