2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Principal Place of Business



FILED Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90097 016 ***150.00

DOCUMENT # 1. Entity Name J N K HOLDINGS INC.	P98000081236	
		A

Mailing Address

6757-CALAIS BLVD., UNIT-4 5757 CALAIS BLVD.: UNIT-4 ST. PETERSBURG PL 33714 ST. PETENSBURG FL 33714 NEW ADDRESS APALACHEE CIRING CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3533483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name LANTOS, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 2987 62ND AVE. SOUTH ST. PETERSBURG FL 33712 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. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 LARRY L. SACCO Change DAC 614 APALACHEE CIR NE TITLE ☐ Delete TITLE SACCO, LARRY L NAME NAME 5757 CALAIS BLVD., UNIT 4 STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33702 CITY-ST-ZIP ST. PETERSBURG FL 33714 CITY-ST-ZIP TITLE ☐ Delete TITLE BEICHLER, WERNER MAME NAME STREET ADDRESS 534 173RD AVE. STREET ADDRESS CITY-ST-ZIP N. REDINGTON BCH FL 33708 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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-7IP TITLE ☐ Delete TITLE Change Addition

12. 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 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP