2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P98000081434 JESSIBELLA'S COMPANY 04-05-2001 90083 032 ***150.00 Principal Place of Business Mailing Address 3465-4 BONITA BEACH RD SW 10259 ST. PATRICK LANE **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34135** US 2. Principal Place of Business 3. Mailing Address SAMO Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FFI Number 65-0862803 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILKINSON, FELICIA M Street Address (P.O. Box Number is Not Acceptable) 10259 ST. PATRICK LANE **BONITA SPRINGS FL 34135** 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. 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. **PSD** TITLE ☐ Addition ☐ Delete TITLE WILKINSON, FELICIA M NAME NAME STREET ADDRESS STREET ADDRESS 10259 ST. PATRICK LANE CITY-ST-ZIP CITY-ST-7IP **BONITA SPRINGS FL 34135** Addition Delete ☐ Change TITLE DEWITT, JENNIFER NAME NAME 11840 IMPERIAL PINES WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP ☐ Addition Delete TITLE TITLE 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 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-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 other like empowered.

SIGNATURE

FELICIA M. WILKIN SOM

3-30-01

941-947-3550

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