2000 UNIFORM BUSINESS REPORT (UBR) CCUMENT # P98000 82064 SECRETARY OF STATE Jovi KITCORSINC JIVISION OF CORPORATION 00 JUN 12 PH 12: 26 Principal Place of Business 6278 N. FEDERA CHWY 6278 N. FEDERACHWY #259
FT LOWDERDOLE FL 33308 FT LOWLEDGE FL 33308 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 90067 **\$** 150.00 Applied For . City & State City & State Not Applicable Country \$8,75 Additional Zin Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PLUNKETT- 1) YONE-Street Address (P.O. Box Number is Not Acceptable) 6278 N. FEDERON HAY SUITE 2V9 FT LOWDERDOVE, FL 33308 Zip Code 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Change Addition TITLE ☐ Delete TITLE NAME NAME DUANE PLYNKET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME ****150.00 ****150.00 p. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE: MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAX HELP OF BOCA RATON 855 SOUTH FEDERAL HIGHWAY # 205 BOCA RATON, FLORIDA 33432 JUNE 9, 2000

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

RE: JOVI KITCARS, INC. P9800082604

GENTLEMEN:

MY ABOVE-REFERENCED CLIENT HAS INFORMED ME THAT HIS CORPORATION WAS ADMINISTRATIVELY DISSOLVED AND THAT HE NEVER RECEIVED THE ANNUAL REPORT FOR THE YEAR 2000.

a man to a were a car with a way where the comment is the comment of the comment

UPON INVESTIGATION, I WAS TOLD BY THE DEPARTMENT OF STATE THAT THEY RECEIVED THE 1999 ANNUAL REPORT WITH A CHECK FOR \$ 150.00 BUT RETURNED THE FORM FOR COMPLETION. THE CHECK WAS DEPOSITED. MY CLIENT INFORMED ME THAT HE NEVER RECEIVED THE FORM BACK. IN THE MEANTIME, THE STATE DISSOLVED HIS CORPORATION AND KEPT THE \$ 150.00.

PLEASE FIND ENCLOSED HIS 2000 ANNUAL REPORT ALONG WITH A CHECK FOR \$ 150.00 PLUS A COPY OF HIS CHECK FOR 1999. UNDER CIRCUMSTANCES, KINDLY REINSTATE HIS STATUS AND ACCEPT HIS FILING FOR 2000. THIS WILL BE MOST APPRECIATED.

VERY TRULY YOUR.

TAX HELF

SCHWARTZ, PRESIDENT

ENCS.

BY