2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000100140 Jan 24, 2000 8:00 am **Secretary of State** JKS PROPERTIES, INC. 01-24-2000 90040 030 ***150.00 Principal Place of Business Mailing Address 71 EAST CHURCH ST 71 EAST CHURCH ST ORLANDO FL 32801-3409 ORLANDO FL 32801 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. FE! Number City & State 59-3547216 Not Applicable Country Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRATT, JAMES R Street Address (P.O. Box Number is Not Acceptable) 369 NORTH NEW YORK AVE, 3RD FL WINTER PARK FL 32789 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 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. ☐ Addition ☐ Change ☐ Delete TITLE TITLE KAMINSKI, CHRISTOPHER L NAME NAME STREET ADDRESS STREET ADDRESS 71 EAST CHURCH ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Addition ☐ Delete ☐ Change TITLE NAME SEDLOFF, JEFFREY A NAME STREET ADDRESS STREET ADDRESS 71 EAST CHURCH ST CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32801 Delete ☐ Change Addition TITLE TITLE NAME JUNE, ROHLAND A II. NAME STREET ADDRESS STREET ADDRESS 71 EAST CHURCH ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 Addition ☐ Change 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:

CITY-ST-ZIP .



Daytime Phone