7/25/00-90093-044-\$150,00-\$150.00 2000 UNIFORM BUSINESS REPORT (UBR) APPHOVED DOCUMENT # P98000104521 1. Entity Name JGPC PROPERTIES, CORP. 00 OCT -4 PM 5: 09 /SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 721 BELTED KINGFISHER DRIVE NORTH 721 BELTED KINGFISHER DRIVE NORTH PALM HARBOR FL 34684 PALM HARBOR FL 34683-6261 Mailing Address
96 S. GULEVICW BLVD 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. CALWATER 6LAL4 City & State 4. FEI Number Applied For City & State . 54.73 59-3576851 Not Applicable __Zip ________ Country \$8.75_Additional--:--Country 9. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BITETZAKIS, JOHN Street Address (P.O. Box Number is Not Acceptable 9 6 5 GULF UTFUL BLU 721 BELTED KINGFISHER DRIVE NORTH PALM HARBOR FL 34684 Zip Code GAAUAT CA 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filling regulrement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE è BITETZAKIS, JOHN NAME NAME E03 STREET ADDRESS 721 BELTED KINGFISHER DRIVE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Addition ☐ Change TITLE ☐ Celete mu BITETZAKIS, PAULINE NAME 721 BELTED KINGFISHER DRIVE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL 34684 ☐ Change ☐ Addition ☐ Delete TITLE NAME = NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 Change ■ Addition TITLE ☐ Delete TIME 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

150HN BITETZAKIS 7/10/00 (727)773-1617

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

10/4/00

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To when it may concern

ON The conformation with the make FINAL STOR GOOD SHOR IN.

SGRC PROPERTIES CORP

TARPON MARTING.

I did not keems the Removed form on time when i did get it i rend 150.00 right a way. on Aug. 24th i heceved a regetion notice and i called the Del of state. I was told to rend a letter externing that i did not get it on time out that the fonalty will be wanted I did nend that the fonalty will be wanted I did rend the letter on g/24/00. I know that by may int it should be faind or I will feel a Both fee

JANK YOU John BA