2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P98000106756 JOSHUA BELLE CORPORATION 03-20-2000 90087 031 \*\*\*150.00 Mailing Address Principal Place of Business 5501 TWIN CREEK DRIVE 5501 TWIN CREEK DRIVE PACE FL 32571-9508 PACE FL 32571 C0040070 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt..#, etc. ~ Citý & State Applied For City & State 4. FEI Number 59-3550640 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBINSON, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 5501 TWIN CREEK DRIVE **PACE FL 32571** 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. 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back)  $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change Addition TITLE ROBINSON, JOSEPH C NAME MALAF STREET ADDRESS STREET ADDRESS 5501 TWIN CREEK DRIVE CITY-ST-ZIP CITY-ST-7IP PACE FL 32571 ☐ Delete Change Addition THTLE ROBINSON, SHELLEY R NAME STREET ADDRESS STREET ADDRESS 5501: TWIN CREEK DRIVE CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ De'ete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ्राप्ति 🖾 Delete ☐ Change Addition TITLE TITLE ر فیده بیس 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 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 any appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

3-15-00 550-994-5845