2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

ND TYPED OR PHINTED NAME OF SIGNING OF

SIGNATURE:

FILED Apr 29, 2002 8:00 am Secretary of State P98000107259 **DOCUMENT #** 1. Entity Name 04-29-2002 90142 025 ***150 00 JETT & COMPANY, INC. Mailing Address Principal Place of Business P.O. BOX 2015 1303 WEST FAIRBANKS WINTER PARK FL 32790 SUITE B WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business 033 Dar DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3540492 Not Applicable 1ando \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name ROWE, JETT S Street Address (P.O. Box Number is Not Acceptable) 1303 WEST FAIRBANKS SUITE B Zip Code FL City WINTER PARK FL 32789 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) 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 After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change Addition Rowe, Jest S TITLE ☐ Delete TITLE NAME NAME ROWE, JETT S STREET ADDRESS 1303 WEST FAIRBANKS, SUITE B STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete 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 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 receipt 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