2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am DOCUMENT # P9900001628 **Secretary of State** 1. Entity Name JCJ VENTURES OF THE PALM BEACHES, INC. 02-28-2001 90078 025 ***150.00 Principal Place of Business Mailing Address 7425 WOODLAND CREEK 7425 WOODLAND CREEK LAKE WORTH FL 33467 LAKE WORTH FL 33467 00020226 3. Mailing Address 2. Principal Place of Business 3425 THUROUGHBRED RUM 3425 THOROVEHBRED RUN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0891022 LAKEWORTH FIORIDA fluria017 AKCWOAL Not Applicable Country PAIM SCRUH Zip Country \$8.75 Additional 5. Certificate of Status Desired PAIM BERCH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bienz BIENZ, CARL Street Address (P.O. Box Number is Not Acceptable) 6060 BIRCHTREE TERRACE THOROUGHDRED LAKE WORTH FL 33469 ひとといって 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. Registered Agent signatur 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, 2001 Fee will be \$550,00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE **PSTD** ☐ Delete TITLE Change Addition NAME BIENZ, CARL NAME 3427 THOROUGHBRED RUN STREET ADDRESS STREET ADDRESS 6060 BIRCH TREE TERRACE LAKEWORTH F1-33467 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7LP TITLE ☐ Delete TITLE Change ☐ Addition 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 an address, with all other like empowered

SIGNATURE: