2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000014521 May 18, 2000 8:00 am Secretary of State 1. Entity Name DJR & COMPANY, INC 04-22-2000 90064 028 ***150.00 Mailing Address Principal Place of Business 14333-101C BEACH BLVD 14333-101C BEACH BLVD JACKSONVILLE FL 32250 JACKSONVILLE FL 32250 Mailing Address 2. Principal Place of Business BULET Beach 14333 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-35555 Not Applicable Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required Duva' 33320 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gaugler Street Address (P.O-Box Number is Not Acceptable) GAUGLER, JULIE H 4075 STILLWOOD DRIVE JACKSONVILLE FL 32257 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 (NOTE: Heg 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 77. ☐ Change CR2E034 (9/99 Defete TITLE Presiden TITLE Vice! Julie H. Gangles Julie H. Gangles 4075 9tille 60 Dr. 3325 NAME : Dong NAME Canalor STREET ADDRESS 14332 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete 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 ☐ Change ■ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. 4-17-06 SIGNATURE: