6/7 FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jul 06, 2000 8:00 am Secretary of State DOCUMENT #. P99000015066 1. Entity Name PJF, INC. 06-07-2000 90001 034 ***150.00 Mailing Address Principal Place of Business 9054 RON DEN LANE SEE RON DEN LANE WINDERMERE FL 34786-8328 THINDLIMENE FL 34786 2. Principal Place of Business 3. Mailing Address 409 10820 WONDER LANE P.O. BOX DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-3560994 City & State Applied For City & State FLORIDA WINDERHERE LORIDA JIN DERMERE Not Applicable \$8.75 Additional Ζìρ Country Country Zip 5. Certificate of Status Desired 34786 Fee Required USA 34786-0409 USA 6. Name and Address of Current Registered Agent " 7. Name and Address of New Registered Agent - = FLECK FLECK, PETER Street Address (P.O. Box Number is Not Acceptable) 9054 RON DEN LANE WINDERMERE FL 34786 10820 WONDER LANE Zip Code 34786 CITYWINDERMERE this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above SIGNATURE ered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS TITLE Change Addition □ Delete PRESIDENT PETER J. FLECK 10820 WONDER LANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERHERE FL. 34786 Addition V. PRESIDENT TITLE NAME NAME KARI FLECK WONDER LANE STREET ADDRESS STREET ADDRESS 10820 CITY-ST-ZIP CITY-ST-ZIP Change __ _ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP---CD Y-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 epeing 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:

NATURE AND THE THOMPSHIPD NAME OF SIGNING OFFICER OR DIRECTOR

00 407.758.6096