2000 UNIFORM BUSINESS REPORT (UBR) P9900001611V **FILED** DOCTMENT # Jun 08, 2000 8:00 am 1. Entity Name **Secretary of State** JM COMMERCIAL REALTY, INC. 06-08-2000 90028 006 ***150.00 Mailing Address Principal Place of Business Same as "Principal Place 1432 North 10th Street of Business" Jacksonville, FL 32250 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 59-3560903 Not Applicable \$8.75 Additional Country Žip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name James C. Mills Street Address (P.O. Box Number is Not Acceptable) 1432 North 10th Street Jacksonville Beach, Florida 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. SIGNATURE 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 Intarigible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition President and Treasurer TITLE ☐ Delete TITLE NAME James C. Mills NAME STREET ADDRESS STREET ADDRESS 1432 North 10th Street CITY-ST-ZIP CITY-ST-ZIP Jacksonville, Florida ☐ Addition Change ☐ Delete TITLE Secretary TITLE Julie Saieg NAME STREET ADDRESS 200 West Forsyth Street, Suite 1100 STREET ADDRESS CITY-ST-ZIP Jacksonville, Florida 32202 CITY-ST-ZIP ☐ Addition Director ☐ Change TITLE Delete James C. Mills NAME NAME 1432 North 10th Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville, Florida CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ 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 received 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 gempowered. changed, or on an attachment w

SIGNATURE: