2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P99000016116 1. Entity Name JM COMMERCIAL REALTY, INC. 05-03-2001 90088 034 ***150.00 Principal Place of Business Mailing Address 1432 NORTH 10TH STREET 1432 NORTH 10TH STREET JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3560903 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLS, JAMES C Street Address (P.O. Box Number is Not Acceptable) 1432 NORTH 10TH STREET JACKSONVILLE BEACH FL 32250 City 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, 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 Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. 11. TITLE Change Addition □ Delete TITLE NAME MILLS, JAMES C NAME STREET ADDRESS STREET ADDRESS 1432 NORTH 10TH STREET CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE BEACH FL 32250 ☐ Change **Addition** TITLE Delete TITLE MILLS, JAMES C. NAME SAIEG. JULIE 1432 NORTH 10 # STREET STREET ADDRESS STREET ADDRESS 200 WEST FORSYTH STREET, SUITE 1100 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP Jacksonville fl 32202 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MILLS, JAMES C NAME STREET ADORESS STREET ADDRESS 1432 NORTH 10TH STREET CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE BEACH FL 32250 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP