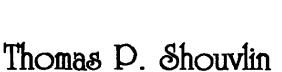
9/15/00-90015-030-\$150.00-\$150.00 2000 UNIFORM BUSINESS REPORT (UBR) **POCUMENT # P99000024333** 1. Entity Name JAXPARK.COM, INC. 00 SEP 25 PH 3: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2423 ROGERO ROAD 2423 ROGERO ROAD JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 00010441 2. Principal Place of Business 3. Malling Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHOUVLIN, THOMAS P Street Address (P.O. Box Number is Not Acceptable) 2423 ROGERO ROAD JACKSONVILLE FL 32211 Zip Code City 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: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and tale if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. 11. 900 ☐ Addition ☐ Change ☐ Delete TITLE TITLE SHOUVLIN, THOMAS P NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 2423 ROGERO ROAD CITY-ST-7P CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Change ☐ Addition ☐ Delete me TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP Addition ☐ 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 turther 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 is clock 11 or Block 12 if changed, or on an attachment with an address, with all priner like empowered.

SIGNATURE:



Py Tell Teltachment # P99000024338 ACXXXVIII

> P.O. Box 11165 Jacksonville, FL 32239 (904) 725-5510

September 12, 2000

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

I have enclosed three corporate renewal forms with \$150.00 checks for each. I spoke to your office and explained I never received the May notifications for any of these companies. I was instructed to send a letter of explanation as well as the forms with the checks for processing.

If you have any questions, please call me at (904) 725-5510. Thank you for your help.

Sincerely,

Tom Shouvlin-