FILED 2003 FOR PROFIT CORPORATION May 14, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P99000025007 DOCUMENT # 05-14-2003 90131 037 ***150.00 1. Entity Name JACK-O-TRADES, INC. Principal Place of Business Mailing Address 110 N ROLLING HILL ROAD PO BOX 9570 TAVERNIER FL 33070 TAVERNIER FL 33070 2. Principal Place of Business 3. Mailing Address CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 65-0904437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOHATCH, JOHN S Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS RD PENTHOUSE 8 CORAL GABLES FL 33134 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 500 Lake Ave. Change Addition TITLE Delete TITLE BUSCH, RICHARD C NAME NAME 110 N ROLLING HILL ROAD STREET ADDRESS STREET ADDRESS TAVERNIER FL 33070 17 OCTEV" CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE NAME BUSCH, LESLEY ANNE NAME e, FL 33460 STREET ADDRESS STREET ADDRESS 110 N ROLLING HILL ROAD TAVERNIER FL 33070 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Addition