## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 11, 2000 8:00 am Secretary of State DOCUMENT # P99000032217 1. Entity Name JASS ENTERPRISES OF JUPITER, INC. 04-11-2000 90030 011 \*\*\*150.00 12 1.8 E 38 de Mailing Address Principal Place of Business 701 STONEWOOD COURT /OI STONEWOOD COURT JUPITER FL 33458-5587 JUPITER FL 33458 3. Mailing Address 70/ Stantwood CT#/SC 2. Principal Place of Business 101 STONEWOOD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 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 GINGOLD, JEFFREY R 701 STONEWOOD COURT JUPITER FL 33458 Burern to the best wi 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 nt and title if applicable FILE NOW!!!-FEE.IS \$150:00-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. M Change Addition ☐ Delete TITLE GINGOLD, JEFFREY R NAME PONEWOOD ETISC 701 STONEWOOD COURT STREET ADDRESS STREET ADDRESS ITER CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33458 ☐ Change Addition ☐ Delete TITLE TITLE NAME YEOLD, SUZER NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Y WHY WILL

STREET ADDRESS

CITY-ST-7IE

OR DIRECTOR

60 746

746-862