2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000033850** Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** JW&S, INC. 03-20-2000 90029 041 ***150.00 Principal Place of Business Mailing Address 2221 ALICIA LANE 2221 ALICIA LANE ATLANTIC BEACH FL 32233-5975 ATLANTIC BEACH FL 32233 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 59-3573025 Not Applicable Zip Country \$8.75 Additional Zip 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. JEFFREY R. LUDWIG, P.A. Street Address (P.O. Box Number is Not Acceptable) 6620 SOUTHPOINT DRIVE SOUTH SUITE 200 JACKSONVILLE FL 32216 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE WANG, JAMES Y NAME NAME STREET ADDRESS 2221 ALICIA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Addition ☐ Change TITL F ☐ Delete TITLE WANG, MARIE NAME NAME STREET ADDRESS 2221 ALICIA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Change Addition ☐ Delete TITLE TITLE MILLS, SCOTT NAME NAME 931 S 1ST STREET OCEAN REACH CONDO STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE BEACH FL 32250 CITY-ST-ZIE ☐ Addition ☐ Delete □ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chande ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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.

SIGNATURE:

SMALL DE DE PRINTED NAME OF SENING OFFICER OR DIRECTOR

ICER OR DIRECTOR Date Date Date Date Designed Phone #