Mailing Address

DOGUMENT # P99000037486

1. Entity Name

Principal Place of Business

JSD INTERNATIONAL, INC.

FILED

00 MAR 28 PH 12: 57

C/O PREFERRED CONSUMER MARKETING ATTN: ANTHONY R. PIRONTI/476 OSCEOLA AVE JACKSONVILLE BEACH FL 32250		C/O PREFERRED CONSUMER MARKETING ATTN: ANTHONY R. PIRONTI/476 OSCEOLA AVE JACKSONVILLE BEACH FL 32250		A.	SECRETAFIY OF SI. TALLAHASSEE, FLO	AIE RIDA Denominatero	111 0 a thi 8 10 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		_Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-31488)/(- -	plied For It Applicable	
Zip	Country	Zip	Country	5,		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7.	. Name and Address of New Registered A	Agent		
			Name	Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
TALI	LAHASSEE FL 32301-2525	· 						
•	•		City		FL	Zip Code	Э	
Tax filing r	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	E Registered Agent signature in III_FEE_IS \$150.00 100 Fee will be \$550 ole to Department of	0.00	10. Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pironti, Anthony R. 476 Osceola Ave. Jacksonville Beac	fresident	THE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE	THE CONTROL OF THE CO	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition	
TITLE	<u> </u>	☐ Delete	TITLE			Change	Addition	

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath, that I am an officer or director quired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if i3. I hereby certify that the information supplied with his filling does not qualify for the indicated on this report or supplemental report is true and accurate and that my significant or the receiver or trustee emporation to execute his report as rechanged, or on an attachment with an address path pull other like ampowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ----NAME

STREET ADDRESS

NAME

HILE

STREET ADDRESS

시제[1 학취교류]

ST-ZP

CITY OF ZIP

- Delete

Date Daytime Phone #

☐ Change

Addition