2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000048408 Jun 08, 2000 8:00 am Secretary of State H. JR. ENTERPRISES, INC. Principal Place of Business Mailing Address 1209 -25TH ST. EAST 1209 -25TH ST. EAST **BRADENTON FL 34208** BRADENTON FL 34208-3049 2. Principal Place of Business Mailing Address 1209- 25 FORZ 209-25 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number pplied For City & State City & State 65-0930286 Not Applicable Braden tur Doctentin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ... <u>34208</u> 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HOUSTON, GEORGE JR. Street Address (P.O. Box Number is Not Acceptable) --- 1209 -25TH ST. EAST. **BRADENTON FL 34208** 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 DATE Signature, typed or printed name of registered agent and atteil applicable. (NOTE, Registered Agent signature required when reinstating) 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 11. 12 ☐ Change ☐ Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Citty-St-7IP CITY-\$1-71P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME (1209 25th St.E STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 3420*8* ☐ Addition Change TITLE Detete TITLE NAME Houston STREET ADDRESS STREET ADDRESS 25 CITY-ST-ZIP CITY-ST-ZIP tenten Change --- - Addition TITLE TITLE Delete ACKSON NAME NAME STREET ADDRESS Ave us. 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 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 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:

SIGNATURE AND VOCO OF PRINTED WAME OF SIGNING OFFICER OR DIRECTURE

4/26/00

(941) 730-658-