2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 23, 2001 8:00 am Secretary of State DOCUMENT # P99000050947 1. Entity Name CJISNET.COM, INC. 03-23-2001 90024 014 ***158.75 Principal Place of Business Mailing Address 600 CLEVELAND ST., STE. 400 600 CLEVELAND ST., STE. 400 CLEARWATER FL 33755 CLEARWATER FL 33755 *∌.. ''* : , , 2. Principal Place of Business 3. Mailing Address P.O. Box 1318 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3579807 Carrabelle, Florida Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32322 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPENCER, F.A. WOODY" JR. Street Address (P.O. Box Number is Not Acceptable) 600 CLEVELAND ST., STE. 400 **CLEARWATER FL 33755** City Zip Code FI 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME FINN, RAYMOND R NAME STREET ADDRESS STREET ADDRESS P O BOX 1318 N/A CITY-ST-ZIP CITY-ST-ZIP CARRABELLE FL 32322 ☐ Addition TITLE Delete TITLE ☐ Change FENLON, TIMOTHY P NAME NAME STREET ADDRESS 600 CLEVELAND ST., STE. 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** ☐ Delete TITLE ☐ Change Addition TITLE SPENCER, F.A. "WOODY" JR. NAME NAME STREET ADDRESS 9900 STIRLING RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33024 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 👯 🗸 18 30 50 00 ☐ 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

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 poplemental 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 attact ment with an address, with all other like empowered. SIGNATURE: Raymond R. Finn, President 03-21-01 (850)697-8577 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR