FILED
Apr 21, 2002 8:00 am
Secretary of State
03-19-2002 90034 010 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058798

1. Entity Name
CIRCLE J ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

- 24709

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2. Principal Place of Business	3. Mailing Address
2326 COVINGTON CREEK CIR.W.	2326 COVINGTON CREEK CIR. W.
State, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FLORIDA	City & State: JACKSONVILLE, FLORIDA
Zip: 32224 County: DUVAL	Zip: 32224 County: DUVAL

4. FEI Number: 59-3586532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: EVELYN JACKMORE

Street Address (P.O. Box Number is Not Acceptable): 2326 COVINGTON CREEK CIRCLE WEST

City: JACKSONVILLE, FLORIDA FL Zip Code: 32224

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: x Evelyn Jackmore EVELYN JACKMORE President x 2/27/02
(Signature, type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	EVELYN JACKMORE
STREET ADDRESS	2326 COVINGTON CREEK CIR. WEST
CITY-ST-ZIP	~~JACKSONVILLE, FL 32224~~
TITLE	VP
NAME	SCOTT B. JACKMORE
STREET ADDRESS	3277 ABBEY FIELD DR. EAST
CITY-ST-ZIP	~~JACKSONVILLE, FL 32217~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x Evelyn Jackmore EVELYN JACKMORE President 2209535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #