2003 FOR PROFIT CORPORATION

Apr 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P99000064308 DOCUMENT # 1. Entity Name 04-07-2003 90843 001 ***300.00 JUNE BUG, INC. Principal Place of Business Mailing Address 51 SAND LAKE PLACE 51 SAND LAKE PLACE EUSTI8 FL 32726 EUSTIS FL 32726 eu 2. Principal Place of Business 3. Mailing Address 8010 TVLAJ Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-3592056 Not Applicable \$8.75 Additional Country Zip Country Certificate of Status Desired -Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, MARY J Street Address (P.O. Box Number is Not Acceptable) 51 SAND LAKE PLACE EUSTIS FL 32726 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. I am familiar with, and accept the obligations of regist SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-11. 10. TITLE ☐ Change Addition ☐ Delete TITLE BAKER, MARY J NAME NAME STREET ADDRESS 51 SAND LAKE PLACE STREET ADDRESS **EUSTIS FL 32726** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE

12. 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 10 or Block 11 if changed, or on an attachm

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #