


**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

[illegible]

DOCUMENT # P99000068917	
1. Entity Name JAN UNDERWOOD, INC.	
	

Secretary of State

07-15-2004 90009 038 \*\*\*150.00

Principal Place of Business 7808 41ST ST E BRADENTON, FL 34202	Mailing Address 7808 41ST ST E BRADENTON, FL 34202
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2. Principal Place of Business <u>JAN UNDERWOOD</u> Suite, Apt. #, etc. <u>28402 102ND DRIVE EAST</u> City & State <u>MYAKKA CITY</u> Zip <u>FL 34251</u> Country <u>MANATEE</u>		3. Mailing Address <u>28402 102ND DRIVE EAST</u> Suite, Apt. #, etc. City & State <u>MYAKKA CITY</u> Zip <u>FL 34251</u> Country <u>MANATEE</u>	
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07132004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0937957	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent UNDERWOOD, JAN 7808 41ST STREET WEST EAST BRADENTON, FL 34202	
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7. Name and Address of New Registered Agent Name <u>JAN UNDERWOOD</u> Street Address (P.O. Box Number Is Not Acceptable) <u>28402 102ND DRIVE EAST</u> <u>MYAKKA CITY</u> City <u>FL</u> Zip Code <u>34251</u>	
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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 registered agent.

SIGNATURE [Signature] UNDERWOOD. DATE July 13/04.  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNDERWOOD, JAN 7808 41ST ST E BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNDERWOOD JAN 28402 102ND DRIVE EAST. MYAKKA CITY 34251. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE July 13/04 941-322-6082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #