2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90031 048 ***150.00

DOCUMENT # P99000090406

1. Entity Name

JJ TECHNET INC.

916703

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4405 KIRKMAN RD..STE.305 ORLANDO FL 32811	4405 KIRKMAN RD..STE.305 ORLANDO FL 32811-2859

2. Principal Place of Business	3. Mailing Address
7044 BURNWAY DR.	7044 BURNWAY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32819 Country: USA	Zip: 32819 Country: USA

4. FEI Number: 59-3596167 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHATER, JOSEPH
4405 KIRKMAN RD.,STE.305
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name: CHATER, JOSEPH
Street Address (P.O. Box Number is Not Acceptable): 7044 BURNWAY DR.
City: ORLANDO FL Zip Code: 32819

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] Feb. 14/2000
Signature, typed or printed 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)* ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	P/T JOSEPH CHATER 7044 BURNWAY DR. ORLANDO, FLORIDA 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP/S JAKE VICKERS 7044 BURNWAY DR. ORLANDO, FLORIDA 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] Feb. 14/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #