2000 UNIFORM BUSINESS REPORT (UBR) 5 DOCUMENT # **P99000095257** Jun 23, 2000 8:00 am 1. Entity Name TJF HOLDING COMPANY **Secretary of State** 05-22-2000 90044 015 ***150.00 Principal Place of Business Mailing Address 1275 BENNET DR., STE. 141 1275 BENNET DR., STE, 141 LONGWOOD FL 32750-7630 LONGWOOD FL 32750 2. Principal Place of Business Mailing Address SON SWOOD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc. 4. FEI Number Applied For City & State *560 63 61* Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PANZL, JOSEPH R ESQ Street Address ___111 N. ORANGE AVE., STE. 900. ORLANDO FL 32801 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The abov SIGNATURE typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change Addition Bresgent + CCC TITLE ☐ Delete TITLE Brian wheeter NAME NAME 500 Holsus MC STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP WinterPark ☐ Addition □ Спалите ☐ Delete DILE TIME Chester Wneeler NAME NAME 150 N. SWOODE Are STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TILE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE

13. Thereby certify that the Information supplied with this filling 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 of 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 redever 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 the property with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE

NAME

STREET ADDRESS CITY-ST-ZIP

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401-339-2222