2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P99000098609 1. Entity Name J.R. HOUSE, INC. 03-19-2001 90058 013 ***150.00 Principal Place of Business Mailing Address 3960 S BANANA RIVER BLVD 3960 S BANANA RIVER BLVD COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3609000 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUNYAN, GARY G Street Address (P.O. Box Number is Not Acceptable) 3960 S BANANA RIVER BLVD COCOA BEACH FL 32931 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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. VPT Change Addition ☐ Delete Director TITLE TITLE HOUSE, ROGER NAME Gary G. Kumes STREET ADDRESS 3960 S BANANA RIVER BLVD STREET ADDRESS 3960 S. BENZNZ River Blud COCOZ BEZZZ FC 32931 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 TITLE ☐ Delete TITLE Change Addition HOUSE, JAMES R NAME NAME STREET ADDRESS 3960 S BANANA RIVER BLVD STREET ADDRESS CITY-ST-7IP COCOA BEACH FL 32931 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME -- -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Kunyan 3-16-01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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: