2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	JMENT # P9900(JSE, INC.	0098609		Secretary of State 01-24-2002 90248 001 ***300.00
Principal Place of Business 3960 S BANANA RIVER BLVD COCOA BEACH FL 32931		Mailing Address 3960 S BANANA RIVER BLVD COCOA BEACH FL 32931		A TOO HARRY IND TOTAL TOUTH BOTH BOTH BOTH BOTH BOTH WHAT YOUR SHALL GRAND IREL AREA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-3609000 Applied For Not Applicable
Zip	Country	Zip C	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent
:	4 · · ·		Name	· -
RUNYAN, GARY G 3960 S BANANA RIVER BLVD COCOA BEACH FL 32931			Street Addres	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
Tax filing	Signature, typed or printed name of registered agent and coration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! F After May 1, 2002 F Make Check Payable to	ee will be \$550.00	10. Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HOUSE, ROGER 3960 S BANANA RIVER BLVD COCOA BEACH FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HOUSE, JAMES R 3960 S BANANA RIVER BLVD COCOA BEACH FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNYRD, GAVIN G 3960 S BRNRNZ RIVER BLVD COCOA BEACH FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EChange Addition NYTH, Gary 6. 100 S. BENENE River Blvd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the cor	ion this report of supplemental report is tri	ue and accurate and that my sig ered to execute this report as re	mature shall bave th	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-784-45/S Daytime Phone #