2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment will

IGNATURE AND TYPED OR PRINTED

SIGNATURE:

DOCUMENT # P99000100484 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name JASCAM ENTERPRISES, INC. 04-19-2000 90024 001 ***150.00 Principal Place of Business Mailing Address 13578 - 100TH PLACE NORTH 13578 - 100TH PLACE NORTH SEMINOLE FL 33776-1416 SEMINOLE FL 33776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3608675 Not Applicable Zip Country Country \$8.75 Additional -5. Certificate of Status Desired - -- -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOFSTRA, PETER T Street Address (P.O. Box Number is Not Acceptable) 8640 SEMINOLE BLVD. SEMINOLE FL 33772 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. ☐ Addition Delete TITLE SHAFFER, JANET L NAME NAME STREET ADDRESS STREET ADDRESS 13578 - 100TH PLACE NORTH CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33776 Addition Change D ☐ Delete TITLE TITLE NAME SHAFFER, VINCENT G NAME STREET ADDRESS STREET ADDRESS 13578 - 100TH PLACE NORTH CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33776 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

727-58/-485 Daytime Phone *