2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000106042** Apr 19, 2000 8:00 am Secretary of State 1. Entity Name J & J REAL ESTATE INVESTMENTS, INC. 04-19-2000 90017 033 ***150.00 Mailing Address Principal Place of Business 100 OAKMONT LN #608 100 OAKMONT LN #608 BELLEAIR FL 33756 BELLEAIR FL 33756 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-361364 Not Applicable \$8.75 Additional *Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEULIE, WALLACE J D Street Address (P.O. Box Number is Not Acceptable) 350 GULF BLVD **INDIAN ROCKS BEACH FL 33785** Zip Code 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) 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 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change TITLE TITLE ☐ Delete ROSTKOWSKI, JAN NAME NAME STREET ADDRESS 100 OAKMONT LN #608 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BELLEAIR FL 33756** ☐ Change ☐ Addition ☐ Delete THTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition