2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **S71296** May 04, 2000 8:00 am 1. Entity Name Secretary of State JEM CAR, CO. 05-04-2000 90020 006 ***150.00 Principal Place of Business Mailing Address 441 GREENLEAF SQ. 441 GREENLEAF SQ. PORT ORANGE FL 32127 PORT ORANGE FL 32127-6708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3079537 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: COPELAND, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 631 PALM SPRINGS DR. #115 **ALTAMONTE SPRINGS FL 32701** 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. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Addition TITLE Delete TITLE GAYTON, ERIC G NAME NAME 3815 S NOVA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT ORANGE FL CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE GAYTON, STEPHEN J NAME NAME **3815 S NOVA RD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT ORANGE FL CITY-ST-ZIP ■ Addition STD Change TITLE ☐ Defete TITLE GAYTON, CAROL A NAME -NAME STREET ADDRESS **3815 S NOVA RD** STREET ADDRESS CITY-ST-ZIP PT ORANGE FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE GAYTON, STEPHEN J NAME NAME **3815 S NOVA RD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT ORANGE FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ 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 changed, or on an attachment with an address, with all other like empowered.