2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am **DOCUMENT # \$79228** 1. Entity Name **Secretary of State** JALEN PROPERTIES INC. 03-01-2001 91347 008 ***150.00 Principal Place of Business Mailing Address MSC 217 MSC 217 1417 SADLER RD 1417 SADLER RD FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address 4488 MARSHVIEW DRIVE 4488 MARSHVIEW DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3090492 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32034 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACOBSON, KENNETH A Street Address (P.O. Box Number is Not Acceptable) ##88 MARS HVIEW DRIVE 4946 ISLAND LN FERNANDINA BEACH FL 32034 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. required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible a satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. TITLE ☐ Delete TITI F JACOBSON, KENNETH A NAME NAME 4488 MARSHVIEW DRIVE STREET ADDRESS 4946 ISLAND LANE STREET ADDRESS FERNANDINA BEACH, FL 32034 CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO