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Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90235 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # V23131

1. Entity Name
C & J MOBIL, INC.

Principal Place of Business
12751 EAST TAMIAMI TRAIL
NAPLES, FL 34113 US

Mailing Address
12751 EAST TAMIAMI TRAIL
NAPLES, FL 34113 US

2. Principal Place of Business	3. Mailing Address
1101 Rosemary Court	1101 Rosemary Court
Suite, Apt. #, etc. A201	Suite, Apt. #, etc. A201
City & State Naples, Florida	City & State Naples, Florida
Zip 34103 Country USA	Zip 34103 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0329365 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RETZNER, JOHN E.
12751 EAST TAMIAMI TRAIL
NAPLES, FL 34113

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable) 1101 Rosemary Court, A201
City Naples, FL Zip Code 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] JOHN E. RETZNER FEB 21-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RETZNER, JOHN E 12751 EAST TAMIAMI TRAIL NAPLES, FL 34113	☐ Delete	1101 Rosemary Court, #A201 Naples, Florida 34103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PLAMONDON, MARK B. II 12751 E TAMIAMI TRAIL NAPLES, FL 34113	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RETZNER, RYAN J 12751 E TAMIAMI TRL NAPLES, FL 34113	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOHN E. RETZNER 2/21/2003 239 ~~597~~ 4496405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #