2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # V68785** J.P.C. AND ASSOCIATES, INC. 01-29-2001 90097 030 ***150.00 Principal Place of Business Mailing Address 1900 N KROME PO BOX 924209 HOMSTEAD FL 33030 HOMESTEAD FL 33092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0376345 Not Applicable αiΣ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLEMAN, JAMES P Street Address (P.O. Box Number is Not Acceptable) 580 SE 25 LN HOMESTEAD FL 33033 Zip Code **3495** 8. The above named eating submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida TEMAS F. Coleman SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. TITLE □ Delete TITLE COLEMAN, JAMES P NAME NAME 580 SE 25 LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL TITLE ☐ Delete TITLE COLEMAN, KAY (NMI NAME NAME STREET ADDRESS 580 SE 25 LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO