FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 10, 2003 8:00 am Secretary of State V69475 DOCUMENT # 04-10-2003 90169 024 ***150.00 1. Entity Name JEGO OF NAPLES, INC. Principal Place of Business Mailing Address 1991 HUNTER BOULEVARD 1991 HUNTER BOULEVARD NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 65-0364917 Not Applicable Zip 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 BEACH, CATHERINE J Street Address (P.O. Box Number is Not Acceptable) 1991 HUNTER BOULEVARD NAPLES FL 34116 Zip Code City 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 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. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE BEACH, CATHERINE J NAME NAME 1991 HUNTER BOULEVARD STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GUIDRY, CLAIRE J NAME NAME 1734 CARDINAL RD STREET ADDRESS STREET ADDRESS JONESBORO GA 30236 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BEACH, CATHERINE J NAME NAME 1991 HUNTER BOULEVARD STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE STRECKFUSS, GERALDINE J NAME NAME 1178-A AGRYLL CIRCLE STREET ADDRESS STREET ADDRESS LAKEWOOD NJ 08701 CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

changed, or on an attachment with an address, with all other