


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

FILED

03 APR -7 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K03290**
1. Entity Name
JARIS CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
152 MILLER DRIVE
Suite, Apt. #, etc.

3. Mailing Address
152 MILLER DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WINTER HAVEN, FL

City & State
WINTER HAVEN, FL

Zip
33884

Country
POLK

Zip
33884

Country
POLK

4. FEI Number
65-0032087

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOHN R. STAHL

Street Address (P.O. Box Number is Not Acceptable)

152 MILLER DRIVE

City
WINTER HAVEN FL Zip Code
33884

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 **JOHN R. STAHL P/T/S** *John R. Stahl* DATE **4/02/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S JOHN R. STAHL 152 MILLER DRIVE WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000014450970 03/21/03--01063--006 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. Stahl* **JOHN R. STAHL** DATE **3/18/03** (863) 318-0524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)