## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 14, 2001 8:00 am DOCUMENT # P00000098787 Secretary of State 1. Entity Name JAKYAN, INC. 05-14-2001 90254 008 \*\*\*150.00 Principal Place of Business Mailing Address 2850 SHADY OAK CHRT 2850 SHADY OAK CURT CLEARWATER FL 33761 CLEARWATER FL 33761 3. Mailing Address 2850 Shady Oak Court 2. Principal Place of Business 2850 Shady Oak Cour Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 36769 City & State City & State Applied For Not Applicable Zip Zip Country 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 FELDMAN, DONNA J Number is Not Acceptable 2650 MCCORMICK DR., #100 CLEARWATER FL 33759 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 (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE TITLE ☐ Delete NAME 2850 Shady Oak Court NAME THEIL, JOYCE E STREET ADDRESS STREET ADDRESS 2850 SHADY OAK CURT CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 Delete TITLE TITLE NAME NAME THEIL, RICHARD A STREET ADDRESS STREET ADDRESS 2850 SHADY OAK CURT CITY-ST-ZIP <u>CLEARWATER FL 33761</u> ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.