

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

AMENDED
FILED

DOCUMENT #

P01000038607

1. Entity Name

JASON STUTZMAN, INC.



03 JUN -3 AM 9: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

624 Camelia Avenue

Suite, Apt., #, etc.

3. Mailing Address

624 Camelia Avenue

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ellenton, FL

City & State

Ellenton, FL

4. FEI Number

65-1093678

Applied For

Not Applicable

Zip

34222

Country

Zip

34222

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jason Stutzman

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

624 Camelia Avenue

City

Ellenton

FL

34222

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

DPS

NAME

Stutzman, Jason

STREET ADDRESS

624 Camelia Avenue

CITY - ST - ZIP

Ellenton, FL 34222

TITLE

T

NAME

Murray, Jason

STREET ADDRESS

624 Camelia Avenue

CITY - ST - ZIP

Ellenton, FL 34222

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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06/03/03--01038--002 **61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason Stutzman 5-26-03

Date

Daytime Phone #

CR2E034B (12/02)