FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P01000038607

1. Entity Name

JASON STUTZMAN, INC.

03 JUL 14 PM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
624 Camelia Avenue	624 Camelia Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ellenton, FL	City & State: Ellenton, FL
Zip: 34222 Country	Zip: 34222 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1093678 ☐ Applied For ☐ Not Applicable

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

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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

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)

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	TITLE	200021564852
NAME	Stutzman, Jason	NAME	07/15/03--01021--020 **61.25
STREET ADDRESS	624 Camelia Avenue	STREET ADDRESS	
CITY-ST-ZIP	Ellenton, FL 34222	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Murray, Jason	NAME	
STREET ADDRESS	624 Camelia Avenue	STREET ADDRESS	
CITY-ST-ZIP	Ellenton, FL 34222	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Fligor, Louis	NAME	
STREET ADDRESS	624 Camelia Avenue	STREET ADDRESS	
CITY-ST-ZIP	Ellenton, FL 34222	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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: Jason Stutzman JASON STUTZMAN 7/2/03

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