

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

AMENDED

DOCUMENT #

1. Entity Name

P01000038607

JASON STUTZMAN, INC.



FILED

03 AUG 20 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500022630565

08/28/03--01003--028 **\$1.25

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

624 Camelia Avenue

3. Mailing Address

624 Camelia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DPS

Stutzman, Jason

624 Camelia Avenue

Ellenton, FL 34222

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

Murray, Jason

P. O. Box 51333

Sarasota, FL 34232

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

Masters, William

7817 43rd Avenue Drive West

Bradenton, FL 34209

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

8-15-03

Date

Daytime Phone #

CR2E034B (12/02)