

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048679

FILED
Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90001 036 ***150.00

1. Entity Name

J.A.S.F., INC.

Principal Place of Business

Mailing Address

4424 BAY COURT AVENUE
 TAMPA FL 33611

4424 BAY COURT AVENUE
 TAMPA FL 33611-1120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3581809

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, J. ERIC
 101 EAST KENNEDY BLVD.
 SUITE 2700
 TAMPA FL 33602

Name: CAPRI A. Kim
 Street Address (P.O. Box Number is Not Acceptable): 4431 Bay Ct AVE.
 City: TAMPA FL Zip Code: 33611

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.

SIGNATURE: *Capri A. Kim, VP* CAPRI A. Kim, VP DATE: 5/22/00
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FINAN, JOSEPH A	
STREET ADDRESS	4424 BAY COURT AVENUE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VP Secy. TR.	<input type="checkbox"/> Delete
NAME	CAPRI A. Kim	
STREET ADDRESS	4431 Bay Ct AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP TREAS. SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPRI A. Kim	
STREET ADDRESS	4431 BAY CT AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Capri A. Kim, VP* DATE: 5/22/00 8:33 256 9933
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)