

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

0089452 AV

**DOCUMENT # P99000048679**

1. Entity Name  
**J.A.S.F., INC.**

09-15-2002 90087 029 \*\*\*150.00

Principal Place of Business  
**4424 BAY COURT AVENUE**  
**TAMPA FL 33611**

Mailing Address  
**4424 BAY COURT AVENUE**  
**TAMPA FL 33611**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3581809</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>KIM, CAPRI A</b> <b>4431 BAY CT AVE</b> <b>TAMPA FL 33611</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	Zip Code

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FINAN, JOSEPH A</b> <b>4424 BAY COURT AVENUE</b> <b>TAMPA FL 33611</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTS</b> <b>KIM, CAPRI A</b> <b>4431 BAY CT AVE</b> <b>TAMPA FL 33611</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: SIGNATURE OF JOSEPH A. FINAN **VP** **9/14/02 884-0883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment  
980471

Div of Corps P99000040079 Sept 12, 2002

Dear Sir or Mam,

Please accept this payment  
for full payment.

Please know that I believe I  
did receive the initial form (but I did)  
I have not been able to locate it.

I had to close my own business  
because it was failing because I was  
unable to keep up with an  
estranged husband and 3 young  
children. I was trying to  
handle these accounts for my  
dad since my mother had died  
but I also had to deal  
with the Estate Tax Returns  
and Probate. To this day  
I cannot locate the first set  
of forms.

Please respectfully I  
ask that you accept this  
in full and I humbly

Thank you sincerely,  
Capi A. Kimb