

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90041 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000049386		
1. Entity Name JASLAE ASSOCIATES, INC.		
Principal Place of Business 35196 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684		Mailing Address 35196 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684
2. Principal Place of Business 6221 CARDINAL CREST DR Subsidiary, Apt. #, etc.		3. Mailing Address SAME AS #2 Subsidiary, Apt. #, etc. 6221 CARDINAL CREST DR. ☒ CHECK HERE IF MAKING CHANGES
City & State New Port Richey FL		City & State New Port Richey FL
Country USA		Country USA
4. FEI Number 50-3322614		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BOCKIARO, LOIS A 35196 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name Lois Bockiardo Street Address (P.O. Box Number is Not Acceptable) 6221 CARDINAL CREST DR. City New Port Richey FL Zip Code 34655
8. The above person/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 <i>Lois A. Bockiardo</i> DATE 4/21/03 (NOTE: Registered Agent's signature required when withdrawing)		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -		
P.S.T.		
Lois A. Bockiardo ☒ Change ☐ Addition		
6221 CARDINAL CREST DR.		
New Port Richey, FL 34655		
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 supplementary 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Lois A. Bockiardo</i> DATE 4/21/03 121-372-0401		