Mailing Address

203 CATTLEMEN ROAD

P. O. BOX 1887 (34230)

Suite, Apt. #, etc. .

SARASOTA FL 34232

3. Mailing Address

City & State

ت سند است. وکار س

216650

6. Name and Address of Current Registered Agent

**DOCUMENT #** 

JOTTERAND CORP.

Principal Place of Business

2. Principal Place of Business

JOTTERAND, ROLAND P

620 BEACH RD SARASOTA FL 34242

203 CATTLEMEN ROAD

P. O. BOX 1887 (34230)

Suite, Apt. #, etc.

City & State

Ζiρ

SARASOTA FL 34232

1. Entity Name

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

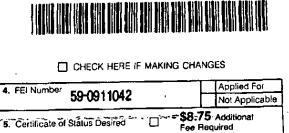
## FILED Feb 13, 2003 8:00 am Secretary of State

01-27-2003 90542 044 \*\*\*150.00

55006633

1/2

Street Address (P.O. Box Number is Not Acceptable)



Zip Code

Daytime Phone #

FL

7. Name and Address of New Registered Agent

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 reg SIGNATURE [NOTE: Registered Agent signature required when reinstating) and and title it applicable \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing  $\Box$ After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CRZE034 (10/02) Addition Change TITLE Delete TITLE NAME JOTTERAND, ODETTE M NAME STREET ADDRESS 620 BEACH RD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 00000 CITY-ST-ZIF Addition Change nti e Delete NAME JOTTERAND, ROLAND P NAME STREET ADDRESS 620 BEACH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 00000 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 Block 11 it changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

. Country .~~

Name

City