

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **414057**

1. Entity Name

**JASMINE LAKES GARAGE, INC.****FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90339 031 \*\*\*150.00

Principal Place of Business

**10431 SPARGE ST.  
PORT RICHEY FL 34668**

Mailing Address

**10431 SPARGE ST.  
PORT RICHEY FL 34668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1427655**☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PIEMONTE, DOLORES M.  
7824 VENICE DR  
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name **Piemonte, Dolores M.**

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

**9203 Halberg Dr.**City **Hudson**

FL

Zip Code **34669**

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

**Dolores M. Piemonte**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

**April 20, 2001**

DATE

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, 2001 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

TITLE **DTS** ☐ Delete  
NAME **PIEMONTE, DOLORES M.**  
STREET ADDRESS **7824 VENICE DR.**  
CITY-ST-ZIP **PORT RICHEY FL**TITLE **VPD** ☐ Delete  
NAME **PIEMONTE, PAUL STEPHEN**  
STREET ADDRESS **8938 ELM LEAF COURT**  
CITY-ST-ZIP **PORT RICHEY FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.T.** ☒ Change ☐ Addition  
NAME **Piemonte, Dolores M.**  
STREET ADDRESS **9203 Halberg Dr.**  
CITY-ST-ZIP **Hudson, FL 34669**TITLE **D, S, T** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

**Dolores M. Piemonte**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/2001**

Date

Daytime Phone #

**868-5118**  
**(727) 863-4519**

CR2E034 (10/00)