2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 16, 2002 8:00 am Secretary of State 486268 DOCUMENT # 1. Entity Name 09-16-2002 90111 003 ***150.00 JASCO ENTERPRISES, INC. Principal Place of Business Mailing Address DBA THE SLIVER & BRASS WORKS DBA THE SLIVER & BRASS WORKS 615 PINELLAS ST. 615 PINELLAS ST. **CLEARWATER FL 33756** CLEARWATER FL 34616 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2605786 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, EASTON R. Street Address (P.O. Box Number is Not Acceptable) 615 PINELLAS ST. **CLEARWATER FL 33756** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition COOPER, EASTON R. NAME NAME STREET ADDRESS 12710 82ND TERRACE N. STREET ADDRESS SEMINOLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

(4/02)





615 PINELLAS STREET CLEARWATER, FLORIDA 34616 **33756 727** (813) 447-7363

Sept. 11, 2002

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, Fl 32302-1500

Re: UBR filing

Dear_Sir/Madam:

Enclosed please find check for \$150.00 for filing fee. We did not receive prior natice. This notice received Sept 4th, 2002.

Thank you for your co-operation in this matter.

Hon L. Cooper

Easton R. Cooper

ERC/jhc