

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 08:00 AM****Secretary of State****DOCUMENT # A97000002413**

1. Entity Name

JAKA REALTY COMPANY, LTD.

Principal Place of Business

435 GUSS HIPP BLVD

ROCKLEDGE
32955

FL

Mailing Address

300 ARTEMIS BLVD

MERRITT ISLAND
32953

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1720 SANDPIPER ST.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND

FL

Zip

32952

Country

4. FEI Number

59-3481510

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHUBER ROBERT
300 ARTEMIS BLVDMERRITT ISLAND
32953

US

FL

7. Name and Address of New Registered Agent

Name

HUBER ROBERT

Street Address (P.O. Box Number is Not Acceptable)
1720 SANDPIPER STCity
MERRITT ISLAND**FL**Zip Code
32952

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

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

(NOTE: Registered Agent signature required when reinstating)

02/28/2001

DATE

9. Capital Contributions

as Shown on record. 7,500.00

10. Amount of Capital Contributions

in FLORIDA to date. 7,500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**12. GENERAL PARTNER INFORMATION**DOCUMENT #
NAME OHM REALTY, INC.
STREET ADDRESS 300 ARTEMIS BLVD.
CITY-ST-ZIP MERRITT ISLAND FL 32953DOCUMENT #
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CITY-ST-ZIP**13. ADDRESS CHANGES ONLY**STREET ADDRESS 1720 SANDPIPER ST
CITY-ST-ZIP MERRITT ISLAND FL 32952STREET ADDRESS
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: JANE E VELLUTO

D

02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)