

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

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90190 039 ***150.00

0498997 AV

DOCUMENT # F84611

1. Entity Name
J & A ASSOCIATES, INC.



Principal Place of Business
**8975 130TH AVE NO
LARGO FL 33773
US**

Mailing Address
**8975 130TH AVE NO
LARGO FL 33773
US**



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2197781**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCEVOLA, JOSEPH
8975 130TH AVE N.
LARGO FL 33773**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KOSLOWSKI, JAMES R	
STREET ADDRESS	8975 130TH AVE N.	
CITY-ST-ZIP	LARGO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOSLOWSKI, JEANNETTE	
STREET ADDRESS	8975 130TH AVE N.	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
Doc # 1784611

J & A ASSOCIATES INC

90138411

8975 130TH AVE NORTH
LARGO, FLORIDA 33773
727 584 3179
Fax: 727 585 8453

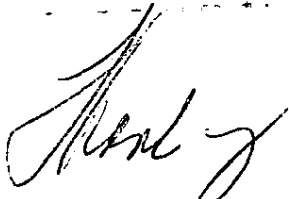
May 30, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL 32302 1500

RE: WAIVER OF LATE FEE FOR UNIFORM BUSINESS REPORT FORM 2003

BASED ON A PHONE CALL TO YOUR OFFICE, I AM REQUESTING A WAIVER OF THE ADDITIONAL \$400.00 LATE FEE FOR FILING. WE HAVE PROCESSED OUR CHECK # 27451 WE ARE A SMALL BUSINESS WITH LIMITED STAFFING. RECENTLY, ELDERLY FAMILY MEMBERS HAVE REQUIRED ASSISTANCE WHICH HAS CAUSED DELAYS IN PROCESSING THIS PAYMENT.

ANY ASSISTANCE THAT COULD BE OFFERED IN WAIVING THIS PENALTY WOULD BE APPRECIATED.



JEANNETTE KOSLOWSKI