

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

0427862 AV

04-17-2002 90083 007 ***150.00

DOCUMENT # F90585

1. Entity Name
J A S GENERAL, INC.

Principal Place of Business Mailing Address
13301 N. BOULEVARD 11507 MOFFAT PLACE 13301 N. BOULEVARD SAME AS BUSINESS
TAMPA FL 33612 TAMPA FL 33612
TEMPLE TERRACE FL 33617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
11507 MOFFAT PLACE 11507 MOFFAT PLACE
TEMPLE TERRACE FL TEMPLE TERRACE FL

3. Mailing Address Suite, Apt. #, etc.
11507 MOFFAT PLACE 11507 MOFFAT PLACE
TEMPLE TERRACE FL TEMPLE TERRACE FL
 City & State City & State
33617 HILLSBOROUGH 33617 HILLSBOROUGH
 Zip Zip Country Country

4. FEI Number **59-2281651** Applied For Not Applicable

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

MARROCCO, JOHN P.
2114 S. FORE CIRCLE
TAMPA FL 33612

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MARROCCO, JOHN P	
STREET ADDRESS	2114 S. FORE CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PRINCE, SANDRA H	
STREET ADDRESS	13301 N. BLVD.	
CITY-ST-ZIP	TAMPA 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Sandra H. Prince** **SANDRA H. PRINCE** **4/17/02** **813 988 9113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)