

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91453 027 ***150.00

DOCUMENT # F94000004197

1. Entity Name

JENJASCO, INC.

DO NOT WRITE IN THIS SPACE

90127823

2. Principal Place of Business

255 E. FIFTH ST.

Suite, Apt. #, etc.

2900 CHEMED CENTER

City & State

CINCINNATI, OH

Zip

45202

Country

USA

3. Mailing Address

255 E. FIFTH ST.

Suite, Apt. #, etc.

2900 CHEMED CENTER

City & State

CINCINNATI, OH

Zip

45202

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1406873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CORPORATION INFORMATION SERVICES, INC.

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

1201 HAYS ST.

City

TALLAHASSEE

FL

Zip Code

32301

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
HARRIS, JEFFREY P
3512 AULTWOODS
CINCINNATI, OH 45208**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
SCHACTER, STACEY J
7970 JASMINE TRAIL
CINCINNATI, OH 45241**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)