

99-01 UBR
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F96 000000535
1. Entity Name
J. S. Computer, INC. OF FL/ID

Principal Place of Business

Mailing Address

5700 BAYSHORE RD #239
PALMETTO FL 34221

2. Principal Place of Business

5700 BAYSHORE RD

3. Mailing Address

P. O. Box 479

Suite, Apt. #, etc.

#239

Suite, Apt. #, etc.

City & State

PALMETTO FL

City & State

TERRA CEIA, FL

Zip

34221

Zip

34250

Country

MANATEE

Country

MANATEE

4. FEI Number

34-1714135

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Quanita Stancil
5700 Bayshore Rd
#239
Palmetto, FL 34221

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

CR2E034 (11/00)

TITLE Delete
NAME VICKI STANCIL ALLEN
STREET ADDRESS 2212 19TH AVE W
CITY-ST-ZIP BRENDONTON, FL 34205TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME YVONNE PETERS
STREET ADDRESS 228 EUCALYPTUS AVE
CITY-ST-ZIP BYESVILLE, OH 43723TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME QUANITA STANCIL
STREET ADDRESS 5700 Bayshore Rd #239
CITY-ST-ZIP Palmetto, FL 34221TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01 941-722-0848

Date Daytime Phone #