

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000000535**  
 1. Entity Name **J.S. Computer, INC. of Ohio**

Principal Place of Business Mailing Address  
**5700 BAYSHORE RD #239**  
**PALMETTO FL 34221**

2. Principal Place of Business 3. Mailing Address  
**5700 BAYSHORE RD P.O. Box 479**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#239**

City & State City & State  
**PALMETTO FL TERRA CEIA, FL**  
 Zip Zip  
**34221 MANATEE 34250 MANATEE**

6. Name and Address of Current Registered Agent  
**QUANTIA STANAIL**  
**5700 BAYSHORE RD**  
**#239**  
**PALMETTO FL 34221**

4. FEI Number  
**34-1714135**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 **Quanta Stanail** DATE **2/22/01**  
(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. ☐  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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  

TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>VICKIE STANAIL ALLEN</b>	
STREET ADDRESS	<b>2212 19TH AVE NW</b>	
CITY-ST-ZIP	<b>BRAZELTON FL 34205</b>	
TITLE	<b>SEC &amp; TREAS</b>	<input type="checkbox"/> Delete
NAME	<b>YVONNE PETERS</b>	
STREET ADDRESS	<b>228 EUCLID AVE</b>	
CITY-ST-ZIP	<b>BYESVILLE OH 43723</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>Quanta Stanail</b>	
STREET ADDRESS	<b>5700 Bayshore Rd #239</b>	
CITY-ST-ZIP	<b>Palmetto, FL 34221</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

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		

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: **Quanta Stanail** DATE **2/22/01** DAYTIME PHONE # **941-722-0848**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
 01 FEB 27 PM 12:04  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)