FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 10, 2002 8:00 am Secretary of State DOCUMENT # F96000000535 1. Entity Name 02-10-2002 90023 039 \*\*\*150.00 J.S. COMPUTER, INC., OF OHIO Principal Place of Business Mailing Address 5700 BAYSHORE RD., #239 P.O. BOX 479 PALMETTO FL 34221 TERRA CEIA FL 34250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4 FEI Number Applied For 34-1714135 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANCIL, JUANITA Street Address (P.O. Box Number is Not Acceptable) 5700 BAYSHORE RD., #239 PALMETTO FL 34221 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition TITLE STANCIL, VICKI NAME NAME STREET ADDRESS 2212 19TH AVE., W. STREET ADDRESS **BRADENTON FL 34205** CITY-ST-7(P CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME PETERS, YVONNE STREET ADDRESS STREET ADDRESS 228 EUCLID AVE. CITY-ST-ZIP CITY-ST-ZIP **BYESVILLE OH 43723** ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STANCIL, JUANITA STREET ADDRESS 5700 BAYSHORE RD., #239 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: (

changed, or on an attachment with an address, with all other like empowered. VIVICIAZO STANCIL/YVONNE PETERS 1/23/02 941-0848