## FILED Feb 21, 2003 8:00 am Secretary of State

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UNIFORM BUSINESS REPORT (	JBR)
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H72559 DOCUMENT # 1. Entity Name JAYCO ASSOCIATES, INC. 10025218 Mailing Address Principal Place of Business 1933 OCEANVIEW DRIVE 1933 OCEANVIEW DRIVE TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 59-1661516 City & State Not Applicable City & State \$8.75 Additional Country 5. Certificate of Status Desired Zip Fee Required Zip 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) KOPEL, DENISE 1933 OCEANVIEW DRIVE TIFRRA VERDE FL 33715 Zip Code City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2E034 (10/02) Maddition ... 10. rice President TITLE Delete Iacobson, Richard JACOBSON, RICHARD 1933 OLEANVIEW Dr. NAME STREET ADDRESS 1933 OCEANVIEW DRIVE STREET ADDRESS Tierra Verde CITY-ST-ZIP TIERRA VERDE FL 33715 -- 🔄 Addition -CITY-ST-ZIP 3 Change TITLE ☐ Delete NAME JACOBSON, MARTIN NAME STREET ADDRESS 1111 ABBEY'S WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA-FL-33602 Addition ☐ Change ☐ Delete MIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ■ Addition CITY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. CITY - ST-218