

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90261 038 ***150.00

000165 AV

DOCUMENT # J33833

1. Entity Name

JAAKE TRAVEL CONSULTANTS, INC.

Principal Place of Business

**868-119 BLANDING BLVD
 ORANGE PARK FL 32065**

Mailing Address

**868-119 BLANDING BLVD
 ORANGE PARK FL 32065**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3745 CATHEDRAL COVE

JACKSONVILLE FL

JACKSONVILLE FL

32217

4. FEI Number

59-2723988

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HART, JOHN P. III
 868-119 BLANDING BLVD
 ORANGE PARK FL 32065**

7. Name and Address of New Registered Agent

Name

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

3745 CATHEDRAL COVE

City

JACKSONVILLE

FL

Zip Code

32217

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

29 APR 2002

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, 2002 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 **PST** ☐ Delete
 NAME **HART, JOHN PATRICK III**
 STREET ADDRESS **3745 CATHEDRAL COVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete
 NAME **HART, JOHN PATRICK III**
 STREET ADDRESS **3745 CATHEDRAL COVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **CFO** ☐ Delete
 NAME **LAYE, L B J**
 STREET ADDRESS **547 GEORGE TAYLOR ST**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ Delete
 NAME **LAYE, L B J**
 STREET ADDRESS **547 GEORGE TAYLOR ST**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

29 Apr 2002

CR2E034 (9/01)