

K 48824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

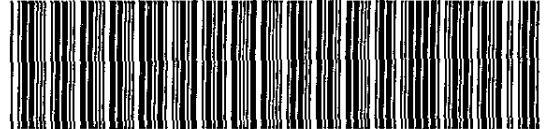
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21 6/6

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JASMAT, Inc.
(Name of corporation)

DOCUMENT NUMBER: K48824

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amos H. Shelton, Jr.
(Name of person)

JASMAT, Inc.
(Name of firm/company)

521 71st Street
(Address)

Holmes Beach, Fl.
(City/state and zip code)

For further information concerning this matter, please call:

Amos H. Shelton, Jr. at (941) 778-0148
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 5, 2003

AMOS H. SHELTON, JR.
JASMAT, INC.
521 71ST STREET
HOLMES BEACH, FL 34217

SUBJECT: JASMAT INC.
Ref. Number: K48824

Upon receipt of your letter and/or check(s) totaling \$87.50, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

The check sent was for \$87.50 the filing fee for resignation of registereed agent.

Our records do not list your name as the registered agent just as President/Director.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 403A00027700

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida _____ in order to change its registered office or registered agent, or both, in the State
of Florida.*

1. The name of the corporation: JASMAT Inc.
2. The principal office address: 521 71st Street,
Holmes Beach, FL 34217
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/02/1988 Document number: K48824

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

AMOS H. SHELTON, JR.

521 71st Street

(P.O. Box or personal mailbox NOT acceptable)

HOLMES BEACH, FL 34217

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Amos H. Shelton, Jr. president
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*


(Signature of Registered Agent)

05/25/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE