

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90022 002 ***750.00

01200000 AT

DOCUMENT # K48824

1. Entity Name
JASMAT INC.



Principal Place of Business
521 71ST STREET
HOLMES BEACH KY 34217
US

Mailing Address
521 71ST STREET
HOLMES BEACH KY 34217
US

2. Principal Place of Business

3. Mailing Address

521 71ST Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLMES BEACH, FL.

City & State

Zip
34217

Country
U.S.

Zip

Country

4. FEI Number
61-1154239

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
SHELTON, AMOS H., JR.
STREET ADDRESS
1637 SHAR-CAL RD
CITY-ST-ZIP
CALVERT CITY KY 42029

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
PD
NAME
SHELTON, AMOS H., JR.
STREET ADDRESS
521 71ST STREET
CITY-ST-ZIP
HOLMES BEACH, FL. 34217

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)