

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90073 011 ***150.00

DOCUMENT # K62588

1. Entity Name

J & S CONSULTANTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

35113 DANNY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1361 THOMAS RD

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL

City & State

NEW PARIS OH

4. FEI Number

65-0160050

Applied For

Not Applicable

Zip

33541

Country

US

Zip

45347

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JACKSON, JERRY L

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

35113 DANNY DRIVE

City

ZEPHYRHILLS

FL

Zip Code
33541

**DO NOT WRITE
IN THIS SPACE**

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

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

D

JACKSON, JERRY L

1361 THOMAS RD

NEW PARIS OH 45347

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

HAWK, SHARON L

1361 THOMAS RD

NEW PARIS OH 45347

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon L. Hawk

SHARON L HAWK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-02

Date

937-996-6203

Daytime Phone #

CR2E034B (12/01)