FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State
08-18-2003 90171 013 ***150.00

DOCUMENT # K89241

1. Entity Name
JAVLAWN INC

DO NOT WRITE IN THIS SPACE

55055167
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2241 Shadow Oaks Rd	2241 Shadow Oaks Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State: Sarasota FL
Zip: 34240 Country: US	Zip: 34240 Country: US

4. FEI Number: 65-0129408 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James A Veldhouse
Street Address (P.O. Box Number is Not Acceptable): 2241 Shadow Oaks Road
City: Sarasota FL Zip: 34240

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: James A Veldhouse 8-14-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

DPT Veldhouse James A 2241 Shadow Oaks Rd Sarasota FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
DVS Veldhouse Lora A 2241 Shadow Oaks Rd Sarasota FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 11 with an address, with all other like empowered.

SIGNATURE: James A Veldhouse 8-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Attachment

55055107

[redacted]

K89241

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

DEAR SIR OR MADAM;

WE HAD TO GET THIS FORM FROM OUR ACCOUNTANT. WE HAVE BEEN A FLORIDA CORPORATION SINCE 1988 AND HAVE FILED TIMELY REPORTS EVERY YEAR. WE DID NOT RECEIVE A CORPORATE REPORT PACKET THIS YEAR. PLEASE VERIFY YOU HAVE THE CORRECT ADDRESS:
JAVLAWN INC.
2241 SHADOW OAKS ROAD
SARASOTA, FLORIDA 34240

THANK YOU

JAMES A. VELDHOUSE