2003 FOR PROFIT CORPORATION

Mailing Address

SUITE 1

US

Zip

5672 STRAND CT

NAPLES FL 34110

3. Mailing Address

Suite, Apt. #, etc.

City & State

UNIFORM BUSINESS REPORT (UBF

L03889 DOCUMENT

1. Entity Name

5672 STRAND CT

NAPLES FL 34110

Suite, Apt. #, etc.

City & State

KELLY, JANET

SUITE 1

SIGNATURE

5672 STRAND CT

NAPLES FL 34110

the obligations of registered agent.

Zip

SUITE 1

US

Principal Place of Business

2. Principal Place of Business

J.F.S. DEVELOPMENT CORPORATION

Country

6. Name and Address of Current Registered Agent -

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

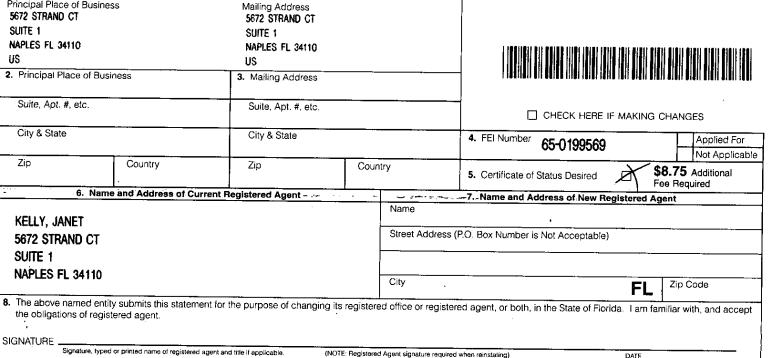
FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90842 004 ***158.75



9. Election Campaign Financing

Trust Fund Contribution.

Make Check Payable to Florida Department of State					Trust Fund Contribution.	∐ Aı	dded to Fees
10.	OFFICERS AND DIRECTOR	3	11.	ADDIT	IONS/CHANGES TO OFFICE	AS AND DIRECT	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP. HARDY, ROBERT S. 5692 STRAND CT, STE 3 NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLY, JANET 5672 STRAND COURT STE 1 NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chan	ige Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARDY, ROBERT PAUL 5692 STRAND CT, STE 1 NAPLES FL 34110	Delete	NAME STREET ADDRESS CITY-ST-ZIP	and the substitution of	and the standing series of	Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOLSON, RENEE 5692 STRAND CT, STE 1 NAPLES FL 34110	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge 🔲 Addition
TITLE		☐ Delete	TITLE		,	☐ Chan	ge Addition

Country

Name

City

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

Change

Addition

\$5.00 May Be