8505211020 CSC

466 P02 MAR 27 '02 12:07

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 MAR 28 PM 2:46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P00000024456

1. Entity Name
Jason, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
220 King Street		220 King Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cocoa, Florida		City & State: Cocoa, Florida	
Zip: 32922	Country: Brevard	Zip: 32922	Country: Brevard

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3631082 ☐ 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: William A. Wallace, Jr.

Street Address (P.O. Box Number is Not Acceptable): 220 King Street

City: Cocoa FL Zip Code: 32922

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 3-27-02 DATE

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

January 1 to 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	President, Sec., Treas. & Director William A. Wallace, Jr. 220 King St., Cocoa, Fl 32922	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000005183540--3 -04/02/02--01059--001 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Thomas J. Scarp 220 King St., Cocoa, Fl 32952	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Richard Pou 220 King St., Cocoa, Fl 32922	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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: [signature] 3-27-02 (321) 609-4421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William A. Wallace, Jr., President

ACCOUNT NO. : 072100000032

REFERENCE : 501530 7111040

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : March 28, 2002

ORDER TIME : 2:13 PM

ORDER NO. : 501530-005

CUSTOMER NO: 7111040

CUSTOMER: Glenn Sundin, Esq
Glenn Sundin, Esq.
335 South Plumosa Street

Merritt Island, FL 32952

ANNUAL REPORT FILING

NAME: JASON, INC.

RECEIVED
02 MAR 28 PM 2:57
DIVISION OF CORPORATION

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____