

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000062048**1. Entity Name
JATY ENTERPRISES, INC.

Principal Place of Business

10228 RAINBRIDGE DRIVE

RIVERVIEW
33569

FL

Mailing Address

10228 RAINBRIDGE DRIVE

RIVERVIEW
33569

FL

2. Principal Place of Business

310 BRANDON TOWN CENTER MALL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON

FL

City & State

Zip
33511

Country

Zip

Country

4. FEI Number

59-3662458

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YOUNG BRIAN S
10228 RAINBRIDGE DRIVERIVERVIEW
33569

FL

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ 09/13/2001

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) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOYLESS STARR	
STREET ADDRESS	8950 MAGNOLIA CHASE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOYLESS JOHN	
STREET ADDRESS	8950 MAGNOLIA CHASE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOYLESS SARA	
STREET ADDRESS	1901 CAMP FLORIDA ROAD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOYLESS ELLIOTT	
STREET ADDRESS	1901 CAMP FLORIDA ROAD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG SARA E	
STREET ADDRESS	10228 RAINBRIDGE DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG BRIAN S	
STREET ADDRESS	10228 RAINBRIDGE DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33511	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian S. Young

Pres

09/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)