

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90402 014 ***150.00

0601074 AN

DOCUMENT # P00000074433

1. Entity Name
JAA, INC.



Principal Place of Business
5328 LITTLE ROAD DRIVE
GNC #954
NEW PORT RICHEY FL 34655

Mailing Address
5328 LITTLE ROAD DRIVE
GNC #954
NEW PORT RICHEY FL 34655



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3667889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANA HERRON
1711 HAMPTON LANE
PALM HARBOR FL 34683

Name **Ana Herron**

Street Address (P.O. Box Number is Not Acceptable)
1221 Willowick Cir.

City **Safety Harbor**

FL

Zip **34695**

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 **Ana M. Herron**

(NOTE: Registered Agent signature required when reinstating)

DATE **3/26/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROTTY, JOHN F 5328 LITTLE ROAD DRIVE NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDP PAREDA, ANTONIO 5328 LITTLE ROAD DRIVE NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: **SIGNATURE REQUIRED**

4/13/03

560-9876

Date

Daytime Phone #

CR2E034 (10/02)