

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90423 020 ***150.00

DOCUMENT # 8000000 87094

1. Entity Name

JAP & ASSOCIATES, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 S. HARBOR CITY BLVD

Suite, Apt. #, etc.

SUITE # 319

City & State

MELBOURNE, FL

Zip

32901

Country

BREVARD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3671152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUDY A. POYNEER

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

731 TOMPKINS ST

City

MELBOURNE

FL

Zip Code

32935

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☒

Jan 4 M 45:00
McDonnell
McDonnell

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 JUDY A. POYNEER 731 TOMPKINS ST MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE

IN THIS SPACE

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:

Judy A. Poyneer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

apr 30 2002 327 543-2770

Date

Daytime Phone #

CR2E034B (12/01)