

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90073 007 ***150.00

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DOCUMENT # P00000087094

1. Entity Name

JAP & ASSOCIATES, INC.

Principal Place of Business

1900 S. HARBOR CITY BLVD.
 SUITE 319
 MELBOURNE FL 32901

Mailing Address

1900 S. HARBOR CITY BLVD.
 SUITE 319
 MELBOURNE FL 32901

2. Principal Place of Business

731 THOMPkins ST

3. Mailing Address

P.O. Box 360761

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

59-3671152

Applied For

Not Applicable

Zip

32935

Country

BREVARD

Zip

32936-0761

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POYNEER, JUDY A
1900 S. HARBOR CITY BLVD.
SUITE 319
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name **ADDRESS ONLY**

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

731 THOMPkins ST

City

MELBOURNE

FL

Zip Code

32935

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **POYNEER, JUDY A**
 CITY-ST-ZIP **1900 S. HARBOR CITY BLVD., SUITE 319**
MELBOURNE FL 32901

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **ADDRESS ONLY**
 STREET ADDRESS **731 THOMPkins ST**
 CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03
 Date

(321) 543-2770
 Daytime Phone #

CR2E034 (9/01)