FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-07-2002 90225 042 *** 158:75

DOCUMENT# PONDOO 71659 / 1. Entity Name JA ACCEPTANCE CORPORATION				02 MAY -9 PM 2: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
26750	Place of Business Old 41 Road	3. Mailing Address 26750 01d 4	1 Road	OO NOT WOTT IN THE	CDACE
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	·
City & State Bonita	e a Springs, FL	City & State Bonita Spri	ngs, FL	4.65-1057086	Applied For Not Applicable
Zip 34135	Country USA	Zip 3 4 1 3 5	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name	7. Name and Address of Current Registers	d Agent
	DO NOT W	/RITE	C. Ric	hard Mancini, Esq.	Ste. 330
	IN THIS SI	PACE	10011	, amidani ilali norony	
			N ^C eXples	Fl	Zip Code 3 4 1 0 3
8. The above	named entity submits this statement f	or the purpose of changing it	ts registered office or regi	stered agent, or both, in the State of Florida.	134103
SIGNATURE .	Signature, typod or printed name of registered ager	s and site if applicable. (NO	TE: Rogislared Agent signature req	aired when reinstaking) DATE	
Tax filing requirement and elects to do so. After May Amende			May 1 Fee Is \$150.00 y 1, Fee Is \$550.00 ed UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be
1000 0 401	ria on back)	Make Check Paya	able to Department of		Added to Fees
11.	on back) LJ OFFICERS AND	Make Check Paya	sble to Department of S		
11. TITE NAME STREET ADDRESS		Make Check Paya D DIRECTORS	IIILE NAME STREET ADDRESS		
11. TITLE NAME STREET ADDRESS CITY-ST-2IP	OFFICERS AND President Larry Maybin	Make Check Pays D DIRECTORS ir., #1017	INLE NAME STREET ADDRESS CITY-ST-ZP		
11. TITLE NAME STREET ADDRESS	OFFICERS AND President Larry Maybin 7975 Preserve C	Make Check Pays D DIRECTORS ir., #1017	INLE KAME STREET ADDRESS CITY-ST-UP TITLE KAME		Added to Fees
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13. Incropy corray that the intermitted supplied with this raing does not quarry for the exemption stated in Section 119.07(3)(i). Figure 3 statutes. Transfer or my that the intermediate in dicated on this report or supplied entail 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 recovery or trusted 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:

LARRY MAYBIN

\$/29/02

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