

2002 UNIFORM BUSINESS REPORT (UBR)

03/986 AV

DOCUMENT # P00000096410

1. Entity Name
JUSAKOS ENTERPRISES, INC.

FILED

03 JAN 24 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
106 S NORTON AVE
ORLANDO FL 32805

Mailing Address
106 S NORTON AVE
ORLANDO FL 32805

2. Principal Place of Business
2719 S. Orange
Suite, Apt. #, etc.

3. Mailing Address
2719 S. OBT
Suite, Apt. #, etc.

City & State
Orlando
Zip
32806

Country
Fl.

City & State
Orlando
Zip
32806

Country
U.S.A.

4. FEI Number
59-3674125

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUSAKOS, LUZ MARINA
106 S NORTON AVE
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name
Yani Jusakos
Street Address (P.O. Box Number is Not Acceptable)
3400 crystal lake dr.
City
Orlando FL 32806 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
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, 2002 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
NAME
D JUSAKOS, LUZ MARINA
STREET ADDRESS
106 S NORTON AVE
CITY-ST-ZIP
ORLANDO FL 32805 ☐ Delete

TITLE
NAME
D Yani Jusakos
STREET ADDRESS
3400 crystal lake dr.
CITY-ST-ZIP
Orlando FL 32806 ☐ Delete

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
2719 S. Orange Blossom Trail
STREET ADDRESS
Orlando FL 32805 ☐ Change ☐ Addition

TITLE
NAME
800008802058
STREET ADDRESS
11/05/02--01033--022 **600.00 ☐ Change ☐ Addition

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

TITLE
NAME
800008802058
STREET ADDRESS
12/05/02--01039--009 **150.00 ☐ Change ☐ Addition

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

TITLE
NAME
☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-31-02

CR2E034 (9/01)