

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90045 026 ***150.00

DOCUMENT # P01000010961

1. Entity Name

JA-COR, INC.

Principal Place of Business

211 ANTOFAGASTA ST
 PUNTA GORDA FL 33983

Mailing Address

211 ANTOFAGASTA ST
 PUNTA GORDA FL 33983

2. Principal Place of Business

615 Cross St.

3. Mailing Address

Suite, Apt. #, etc.

Unit 1103

Suite, Apt. #, etc.

City & State

Punta Gorda FL

City & State

4. FEL Number

65-1073913

Applied For

Not Applicable

Zip

33950

Country

U.S.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PAIGE, THOMAS J
 211 ANTOFAGASTA ST
 PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

Name

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

City

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)

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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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
 NAME: CYNTHIA M. PAIGE
 STREET ADDRESS: 211 ANTOFAGASTA ST.
 CITY-ST-ZIP: PUNTA GORDA, FL # 33983

☐ Delete

TITLE: VICE PRESIDENT
 NAME: THOMAS J. PAIGE
 STREET ADDRESS: 211 ANTOFAGASTA ST.
 CITY-ST-ZIP: PUNTA GORDA, FL # 33983

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
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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:

Cynthia Paige
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02

Date

941-575-7966

Daytime Phone #

CR2E034 (9/01)