

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90173 022 ***150.00

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DOCUMENT # P01000019915

1. Entity Name
JONATHAN STYLES, INC.



Principal Place of Business
**18 SEACREST DRIVE
ORMOND BEACH FL 32176**

Mailing Address
**18 SEACREST DRIVE
ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3702932**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FLORIDA STATE ACCOUNTING INC
533 N NOVA ROAD STE 115
ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent

Name
JONATHAN STYLES

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

18 Seacrest Drive

City
Ormond Beach

FL Zip Code
32176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

Jonathan Styles, President

8-15-03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS STYLES, JONATHAN 18 SEACREST DRIVE ORMOND BEACH FL 32176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STYLES, JONATHAN 18 SEACREST DRIVE ORMOND BEACH FL 32176	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **Jonathan Styles, President 8-15-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
90151429
PO1000019915

Jonathan Styles, Inc.
18 Seacrest Dr.
Ormond Beach, FL 32176

FEI# 59-3702932

Division Of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

August 15, 2003

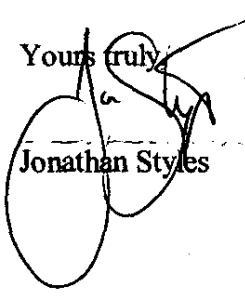
Dear Sir/Madam,

I just recently got a notice that my Uniform Business Report is due with a fee of \$550.00. This is the first notice I have received this year, and I understand that the fee is normally \$150.00. I would like to bring this account current and pay the \$150.00.

I have enclosed the completed UBR along with the payment of \$150.00, and I hope that you may waive the late fee of \$400.00. I apologize for the lateness – this is the first notice I have received to bring this to my attention and I would like to make sure that this fee is paid. Please let me know if I should do anything else.

Thank you in advance for your help.

Yours truly,


Jonathan Styles