

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-21-2002 91116 018 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000024596
1. Entity Name

JS PRODUCTS, INC.

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92919

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2. Principal Place of Business
104 CYPRESS GROVE LN.
Suite, Apt. #, etc.

3. Mailing Address
104 CYPRESS GROVE LN.
Suite, Apt. #, etc.

City & State
ORMOND BEACH, FL

City & State
ORMOND BEACH, FL

4. FEI Number
59-3711317

Applied For
Not Applicable

Zip
32174

Country
VOLUSIA

Zip
32174

Country
VOLUSIA

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

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IN THIS SPACE**

Name
JOSEPH R. STAUB

Street Address (P.O. Box Number is Not Acceptable)
104 CYPRESS GROVE LN.

City
ORMOND BEACH FL

Zip Code
32174

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 date 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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
STREET ADDRESS
CITY - ST - ZIP
P
JOSEPH R. STAUB
104 CYPRESS GROVE LN.
ORMOND BEACH, FL 32174

TITLE
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph R. Staub
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30, 2002 396-615-8096
Date Daytime Phone #