## 2001. Uniform Business Report (UBR)

## FILED Mar 26, 2002 8:00 am Secretary of State

1. Entity Nan	MENT #	POLOC	002	0	Secreta 1	ry of Sta		
JSS SA	LES, INC		1/					
100 Bo	ce of Business eardwalk, #818 Vedra Beach, FL 32082	Mailing Address 100 Boa¤dwa Ponte Vedra	lk, #818 Beach, 32082	FL	0.00	VF 4 0 0 m		
2. Principal Place of Business 3524 Heron Drive, South 3524 Heron Driv  Suite, Apt. #, etc.  3. Mailing Address 3524 Heron Driv  Suite, Apt. #, etc.			rive, So	uth	B0051224  DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State		<del></del>	4. FEI Number		pplied For	
Zip	nville Beach, FL Country	Jacksonville Zip	Country	FL	59-3708430	\$8.7,5 Ad	ot Applicable	
_32250_		32250	USA			ree Require	ed	
<del></del>	6. Name and Address of Current R	Registered Agent			7. Name and Address of New Reg	istered Agent		
Debora	h Tavlor		Name		• A		ĺ	
Deborah Taylor 1300 Marsh Landing Pkwy, Suite 108 Jacksonville Beach, FL 32250-2407			Street A	ddress (P	nyder (P.O. Box Number is Not Acceptable) eron Drive, South			
			City <b>Jac</b> l	ksony	ville Beach	FL Zip Cod 3225	de 5.0	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or	registere	d agent, or both, in the State of Florid	la.	İ	
SIGNATURE	Y Opi Drugo	we						
· · · · · · · · · · · · · · · · · · ·	orginations, typics or printed frame or registered agent at	to the irapplicable. (NOTE:	Registered Agent signati	ure required v	rhen reinstating)	DATE	\ -	
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so.		FEE IS \$150.	00 550.00	Election Campaign Finan     Trust Fund Contribution.	cing _ \$5.0	00 May Be d to Fees	
Tax filing r	requirement and elects to do so.	FILE NOWII After MAY 1, 200 Make Check Payabi	FEE IS \$150.	00 550.00	Election Campaign Finan     Trust Fund Contribution.	scing \$5.0	d to Fees	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

3-14-62

904.242.7393