2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90301 036 ***150.00

DOCUMENT # P01000034028

1. Entity Name
JCOT CORPORATION, INC.

Principal Place of Business
9527 PINE TERR CT
WINDEMERE FL 34786

Mailing Address
9527 PINE TERR CT
WINDEMERE FL 34786

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7491 Conroy Rd
Suite, Apt. #, etc.: K
City & State: Orlando FL
Zip: 32835 Country: USA

3. Mailing Address: 7491 Conroy Rd
Suite, Apt. #, etc.: K
City & State: Orlando FL
Zip: 32835 Country: USA

4. FEI Number: 59-3710566 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SCOTT ALLEN, JAMES JR
9527 PINE TERR CT
WINDEMERE FL 34786

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) ☒

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	P
NAME	SCOTT ALLEN, JAMES JR
STREET ADDRESS	9527 PINE TERR CT
CITY-ST-ZIP	WINDEMERE FL 34786

☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

12. 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

CR2E034 (9/01)

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 #