

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
 04-21-2002 90855 009 ***150.00

UBR1401 AV

DOCUMENT # P01000042352

1. Entity Name
JASH CORPORATION

Principal Place of Business

2401 E. GRAVES AVE. # 2
ORANGE CITY FL 32763

Mailing Address

2401 E. GRAVES AVE. # 2
ORANGE CITY FL 32763



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

321 VIA TUSCANY LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE MARY FL

4. FEI Number

59-3713970

Applied For

Not Applicable

Zip

Country

Zip

Country

32746

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUKLA, VINAY
2401 E. GRAVES AVE.
ORANGE CITY FL 32763

Name

SHUKLA VINAY

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

321 VIA TUSCANY LOOP

LAKE MARY

City

FL

Zip Code

32746

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] v.c

[Signature] H. Hod

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVT
SHUKLA, ALKA
321 VIA TUSCANY LOOP
LAKE MARY FL 32746

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPS
SHUKLA, VINAY
321 VIA TUSCANY LOOP
LAKE MARY FL 32746

TITLE
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☐ Change ☐ Addition

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

407-302-3645

Date Daytime Phone #

CR2E034 (9/01)