## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Mar 05, 2002 8:00 am				
DOCUMENT # P01000042783					Secretary of Stat					te	
JASĐE	ESIGNS, INC.						03-03-2002	0000 032	150.0	,0	
Principal Place of Business 8295 N MILITARY TRAIL SUITE G PALM BEACH GARDENS FL 33410			Mailing Address 8295 N MILITARY TRAIL SUITE G PALM BEACH GARDENS FL 33410				T O DISTOR DI DONO SILI OLIK D	DIN GENA EDIN GN	<b>.</b> 118 (1811 1888)	( <b>0</b> 100	
Principal Place of Business     3, Mailing Address									!  <b>  </b>	<b>ièiti</b> (       <b>   </b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State				Number 5- 1/20094		<del></del>	plied For	
Zip	Country	Zip	F.9 18	Country	- a !	_	rtificate of Status Desired	□ <b>\$</b>	8.75 Add	litional	
	6. Name and Address o	f Current Registere	d Agent	Name		7. Na	me and Address of New F	egistered Ag	ent		
SILVA, JULIANNE 251 BONNIE BOULEVARD				Street	Street Address (P.O. Box Number is Not Acceptable)						
#204B PALM SPRING FL 33461				City				FL	Zip Code		
8. The above	named antity submits this sta	atement for the purpo	ose of changing its r	egistered office	or registered	ager	nt, or both, in the State of Flo		<u> </u>		
SIGNATURE	Signature, typed or printed name of reg	istered agent and title if appl	cable. (NOTE:	Registered Agent sign	nature required who	en reins	latino)	DATE			
					\$550.00	•	10. Election Campaign Fir Trust Fund Contributio	· —		O May Be to Fees	
11.		ERS AND DIRECTOR		12.		ADDI	TIONS/CHANGES TO OFF	ICERS AND E	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P   Silva, Julianne   251 Bonnie Boulevaf   Palm Springs Fl 3346		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			[	Change	☐ Addition	
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	3				Change	Addition	
of the cor	certify that the information sup on this report or supplement poration or the receiver or trus or on an attachment with an a	al report is true and a stee empowered to e	ocurate and that my execute this report as	/ signature shall	have the sam	ne lea	al effect as if made under o	eath: that I am	an officer of	or director 1	

SIGNATURE:

IRE AND TYPED OR PRINTIP NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #