

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90083 008 \*\*\*150.00

DOCUMENT # **P01000056482**

1. Entity Name  
**A-JCS FINANCIAL SERVICES, INC.**



Principal Place of Business  
**11404 HARBORSIDE CIRCLE  
LARGO FL 33773**

Mailing Address  
**11404 HARBORSIDE CIRCLE  
LARGO FL 33773**



2. Principal Place of Business  
**8105 SANDMOOR PL**  
Suite, Apt. #, etc.  
**202**

3. Mailing Address  
**8105 SANDMOOR PL**  
Suite, Apt. #, etc.  
**202**

CHECK HERE IF MAKING CHANGES

City & State  
**LARGO FL**

City & State  
**LARGO FL**

4. FEI Number **59-3727990**

Applied For  
 Not Applicable

Zip **33777** Country **Pinellas**

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

**6. Name and Address of Current Registered Agent**

**STAPLETON, ROGER S  
11404 HARBORSIDE CIRCLE  
LARGO FL 33773**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **3/11/03**

DATE

**\* FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$350.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b>	<b>STAPLETON, ROGER</b>	<b>11404 HARBORSIDE CIRCLE</b>	<b>LARGO FL 33773</b>	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 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 **3/11/03** DAYTIME PHONE # **727 224 2316**

CR2E034 (10/02)