

2002 UNIFORM BUSINESS REPORT (UBR)

07-31-2002 90103 036***150.00

FILED P01000072221

DOCUMENT # P01000072221

1. Entity Name
JOHN ASSOCIATES, INC.

FILED
Oct 10, 2002 8:00 A.M.
Secretary of State

Principal Place of Business
3028 DREYFUSHIRE BLVD
ORLANDO FL 32822

Mailing Address
3028 DREYFUSHIRE BLVD
ORLANDO FL 32822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3733246

Applied For

Not Applicable

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

OSPINA, MARTHA L
3028 DREYFUSHIRE BLVD
ORLANDO FL 32822

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	DPS OSPINA, MARTHA L 3028 DREYFUSHIRE BLVD ORLANDO FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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: *Martha L Ospina* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-29-2002 (407)737-7665

232

July 29, 2002

To Whom It May Concern:

Today I received the 2002 UNIFORM BUSINESS REPORT requesting to FILE NOW! I never received this form until today.

I call the STATE Department of Corporation and I was inform to send the regular fee of \$150.00 to keep my status as a Corporation.

Thank you for your assistant,

MARTHA L. OSPINA

MARTHA L. OSPINA
C/O JOHN ASSOCIATES, INC.
3028 DREYFUSHIRE BLVD
ORLANDO, FL 32822

August 09, 2002

Pol 00072221

To Whom It May Concern:

I was very shock in receiving your letter telling me that I need to pay \$400.00 when I was informed to pay only \$150.00 per phone call I made to STATE DEPARTMENT of CORPORATION.

I am requesting a waiver because I had never receiving your first form indicating I had to pay the \$150.00.

If you do not except my request for a waiver not to pay the \$400.00, please let me no, I want to solve this matter soon by starting fresh as a new member in the Corporation.

Thank you for your understanding and cooperation giving me a waiver.

Sincerely,

MARTHA L. OSPINA

MARTHA L. OSPINA
C/O JOHN ASSOCIATES, INC
3028 DREYFUSHIRE BLVD.
ORLANDO, FL 32822