2003	FOR	PROFIT	CORPORAT	LION
UNIFO	RM B	USINESS	REPORT	(UBR

P01000072221

DOCUMENT#

1. Entity Name

JOHN ASSOCIATES, INC.



Mailing Address

3028 DREYFUSHIRE BLVD ORLANDO FL 32822

2. Principal P	Place of Business	3. Mailing Address 3028 Drev	i Cichico Bl	$\stackrel{ \omega }{-}$		1810 (1880 1886 1886)		
3028 Dreyfushire Blud 3028 Drey Suite, Apt. #, etc.			yr asme or	and the same of th				
City & State	[]	Orlando,	7.	4. FEI Number 59-373	33246	Applied For Not Applicable		
Zip 32827	Country Orange	3282Z	Country . Orange	5. Certificate of Status De	esired \$8.75 Fee Req	Additional uired		
	6. Name and Address of Current I	7. Name and Address of	7. Name and Address of New Registered Agent					
	MARTHA L YFUSHIRE BLVD) FL 32822	and the fact that I was a subject to	(P.O. Box Number is Not Acceptable) Drey Fyshire Blw. FL Zip Code 3,7827					
	named entity submits this statement for ions of registered agent.	linb	registered office or registered office or registered Agent signature registered.	n	te of Florida. I am familiar w			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State	9. Election Campa Trust Fund Con	· · · · ·	5.00 May Be ded to Fees			
10.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.		TO OFFICERS AND DIRECT			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Ospina, Martha L 3028 Dreyfushire BLVD Orlando Fl 32822	☐ Delete	NAME STREET ADDRESS 3	PS spira, Mort oza Dreyfus Olando, G	hah shire Blod -132822	ge Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Chan	ge 🗌 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	ge Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	, 🗀 Delete	THILE NAME STREET ADDRESS CITY-SI-ZIP		☐ Chane	ge 🔲 Addition		
TITLE NAME STREET ADORESS CITY-ST-2IP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	ge 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Chanç	ge Addition		

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: