P01000074505

DOCUMENT # 1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

J&S CORPORATION OF MARCO

Principal Place of Business

1027 AND 1029 N COLLIER BLVD MARCO ISLAND FL 34145

Mailing Address

1027 AND 1029 N COLLIER BLVD MARCO ISLAND FL 34145

2. Principal Place of Business 3. Mailing Address Dia



1009	1. Caller Blva	1009 1110	ME D	IV <i>O</i> II				
Suite, Apt. #, etc.		Suite Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Marco	"Island Fl	Marco Slav	a Fl		FEI Number 593737895	. —	pplied For lot Applicable	
34145	-	34145	Country	5.	Certificate of Status Desired	□ \$8.75 Ac Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
KACZYNSKI, MARTY T 1027 AND 1029 N COLLIER BLVD					ZVNSK Sarah O.O. Box Number is Not Acceptable)			
MARCO ISLAND FL 34145								
			City	urco l	2/004	FL Zip So	ต่อน<	
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 report typed or printed nyme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
				\$750.00	10. Election Campaign Fin Trust Fund Contribution		00 May Be d to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·.	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	CFO Mary 419 Ma	Kaczynski issau Ct	☐ Change	M Addition €	
TITLE NAME		_ Delete	: TITLE	Dreside Morco	int	Change	Addition C	
STREET ADDRESS CITY-ST-ZIP		n de la companya de l La companya de la companya de	NAME STREET ADDRESS CITY-ST-ZIP	Jarah 199 na Mara	Kaczynski zssau Ct Island Fl 3014	<u>-</u>	المعرض منه	
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TITLE		☐ Delete	TITLE	1		☐ 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

Attachment Jac. # pologoonyon

WHERE EVENY DAYS

WHERE EVENY DAYS

A HEALTHY DAY

Fax 394.4828 Laczynski

10271/2 N. COLLIER BLVD. • MARCO ISLAND, FL 34145

Divisions of Corporations:

when consulting with my accountant, Steven Lindsey, it was brought my attention that this is the second notice sent. We have never received any other letter or form before this one. Therefore our fee should only be \$150.00 opposed to the \$550.00 for late Filing. I assure you that all paperwork is filed promptly and would nove been filed months ago, had we received notification. The Marco Island Post Office changed our address in the Spring of 2002 and was Supposed to forward all of our mail. This Could have been the cause of the first notification not being received by us. Please accept the original payment of \$150.00. We are a new Corporation (14ear) and would accept any Suggest from you so that this does not happen again. Sincerely.

PHONE 394-8361