

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90241 008 ***150.00

DOCUMENT # PO1000080511
1. Entity Name
JASON'S TOOLS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3209 Pond View Ln
Suite, Apt. #, etc. 5

3. Mailing Address
3209 Pond View Ln
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Sarasota, FL City & State Sarasota, FL 4. FEL Number 65-1132144 Applied For Not Applicable

Zip 34235 Country Sarasota Zip 34235 Country Sarasota 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name JASON C D'ALCONZO
Street Address (P.O. Box Number is Not Acceptable) 3209 Pond View Ln
City Sarasota FL Zip Code 34235

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE	<u>D</u>	TITLE	
NAME	<u>D'ALCONZO, JASON C</u>	NAME	
STREET ADDRESS	<u>3209 Pond View Ln</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>SARASOTA FL 34235</u>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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IN THIS SPACE**

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 on an attachment with an address, with an other like empowers.

SIGNATURE: [Signature] Date 4-29-02 Daytime Phone # 941-544-5278

CR2E034B (12/01)