FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended UBR

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087336

1. Entity Name
JAY FONTANA & ASSOCIATES, INC.

100024009751
10/22/03--01017--020 **61.25

Principal Place of Business	Mailing Address
9441 W SAMPLE RD # 209 POMPANO BEACH, FL 33065	9441 W SAMPLE RD # 209 POMPANO BEACH, FL 33065

☐ CHECK HERE IF MAKING CHANGES

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 13-3806226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONTANA, JAY
11643 NW 11TH PLACE
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name: Gasper Jay Fontana

Street Address (P.O. Box Number is Not Acceptable)

11643 NW 11th Place

City: Coral Springs FL Zip Code: 33071

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: Gasper Jay Fontana
If authorized, type or print name of registered agent and the title of authority. (NOTE: Registered Agent signature required when changing) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD FONTANA, JAY 11643 NW 11TH PLACE CORAL SPRINGS, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Gasper Jay Fontana 11643 NW 11th Place 3307	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FRANKLIN, THIERRY 11643 NW 11TH PLACE CORAL SPRINGS, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Coral Springs FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E084 (10/02)

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: X Gasper Jay Fontana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #