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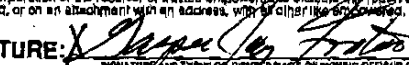
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087336			
1. Entity Name JAY FONTANA & ASSOCIATES, INC.			
Principal Place of Business 9441 W SAMPLE RD # 209 POMPANO BEACH, FL 33065		Mailing Address 9441 W SAMPLE RD # 209 POMPANO BEACH, FL 33065	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent PONTANA, JAY 11643 NW 11TH PLACE CORAL SPRINGS, FL 33071		5. FEI Number 13-3606226 Applied For Not Applicable	
6. 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, the registered agent.		7. Name and Address of New Registered Agent Gasper Jay Fontana 11643 NW 11th Place Coral Springs FL Zip Code 33071	
SIGNATURE: 		DATE	
8. Section Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees			
9. OFFICERS AND DIRECTORS			
10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
11. TITLE PSTD		12. TITLE PSTD	
NAME Fontana, Jay		NAME Gasper Jay Fontana	
STREET ADDRESS 11643 NW 11TH PLACE		STREET ADDRESS 11643 NW 11th Place	
CITY-ST-ZIP CORAL SPRINGS, FL 33071		CITY-ST-ZIP CORAL SPRING FL 33071	
13. TITLE MGR		14. TITLE MGR	
NAME FRANKLIN, THIERRY		NAME FRANKLIN, THIERRY	
STREET ADDRESS 11643 NW 11TH PLACE		STREET ADDRESS 11643 NW 11th Place	
CITY-ST-ZIP CORAL SPRINGS, FL 33071		CITY-ST-ZIP CORAL SPRING FL 33071	
15. TITLE 		16. TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
17. TITLE 		18. TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 member or limited partner; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like documents.			
SIGNATURE: 			
SIGNATURE AND TYPES OF FINISHED PARTS OF SPRING OFFICER OR DIRECTOR			