

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 002 ***150.00

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

DOCUMENT # **PO10000910120** ✓
 1. Entity Name
JAZEP PROPERTY MANAGEMENT, INC.

666249

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3235 GLENRIDGE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
3235 GLENRIDGE DRIVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

4. FEI Number
59-3749134

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip
34685

Country
USA

Zip
34685

Country
USA

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOSEPH E. HEPP, III

Street Address (P.O. Box Number is Not Acceptable)
3235 GLENRIDGE DRIVE

City
PALM HARBOR **FL** Zip Code
34685

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH E. HEPP, III 3235 GLENRIDGE DRIVE PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 all other like empowered.

SIGNATURE x **Joseph E. Hepp** x **4/30/02** x **772-767-7560**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)