

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

200

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90086 048 ***150.00

DOCUMENT # P010001100916 ✓

1. Entity Name

Jay-ben & Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

244 Tropic Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 215

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

San Mateo, FL

City & State

San Mateo, FL

4. FEI Number

75-3003908

☒ Applied For

☐ Not Applicable

Zip

32187

Country

USA

Zip

32187

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Genie Shannahan

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

244 Tropic Ave

City

San Mateo

FL

Zip Code

32187

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
(See criteria on back) ☐

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

President
Genie Shannahan
244 Tropic Ave
San Mateo, FL 32187

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V. President
Jay Shannahan
244 Tropic Ave
San Mateo, FL 32187

TITLE
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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)(f), 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:

Genie Shannahan Genie Shannahan
President

4/29/02 336 325-1454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)