

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91520 032 ***150.00

DOCUMENT # P01000113469

1. Entity Name

JLAS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7905 Wyndham Court

3. Mailing Address

P.O. Box 556

Suite, Apt. #, etc.

University Park

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Niantic, CT

4. FEI Number
06-1633863

Applied For
Not Applicable

Zip
34201-2255

Country
USA

Zip
06357

Country
USA

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jack L. Lederer

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

7905 Wyndham Court

University Park

City

Sarasota

FL

Zip Code

34201-2255

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
Jack L. Lederer
7905 Wyndham Court
Sarasota, FL 34201-2255

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02

941-358-0239

CR2E034B (12/01)