

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90277 038 ***150.00

DOCUMENT # PO2000050458

1. Entity Name

JASON IOIA, INC.

Principal Place of Business
17418 35TH PLACE N.

LOXAHATCHEE, FL.
33470

Mailing Address

17418 35TH PLACE N.
LOXAHATCHEE, FL.
33470

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

75-3056222

Applied For

Not Applicable

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

Additional
Fee Required

DO NOT WRITE IN THIS SPACE

11013871

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JASON IOIA

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

17418 35TH PLACE N.

City

LOXAHATCHEE,

FL

Zip Code

33470

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) ☐

FILE NOW! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
JASON IOIA
17418 35TH PLACE N.
LOXAHATCHEE, FL. 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
STACY LEIGH IOIA
17418 35TH PLACE N.
LOXAHATCHEE, FL. 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 Block 12 if changed, 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 #

4/20/03 561-333-6757

CRE034 (9/99)