

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90144 001 \*\*\*150.00

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**DOCUMENT # P02000052784**

1. Entity Name  
**JSOL, INC.**



Principal Place of Business  
**72 MAGNOLIA DUNES CIR.  
ST. AUGUSTINE FL 32080**

Mailing Address  
**PMB 346, 1093 A1A BCH BLVD.  
ST. AUGUSTINE FL 32080-6733**



2. Principal Place of Business  
**4255 A1A SOUTH**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 6**

City & State  
**ST. AUGUSTINE FLA.**

City & State

4. FEI Number  
**27-001 0155**

Applied For  
Not Applicable

Zip  
**32080**

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEBBIA, NICOLE  
72 MAGNOLIA DUNES CIR.  
ST. AUGUSTINE FL 32080**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003, Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **JEBBIA, NICHOLAS J**  
STREET ADDRESS **72 MAGNOLIA DUNES CIR.**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

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

TITLE **D** ☐ Delete  
NAME **JEBBIA, NICOLE**  
STREET ADDRESS **72 MAGNOLIA DUNES CIR.**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nicholas J. Jebbia** **NICHOLAS J. JEBBIA** **CEO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03**

Date

**386-931-5258**

Daytime Phone #

CR2E034 (10/02)