FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000066169

1. Entity Name

JAT ASSOCIATES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2725 NE Cypross Lane

Suite, Apt. #, etc.

City & State
Jensen Beach, FL

Zip 34957 Country Martin USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip   Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3694683

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name James Tomlinson

Street Address (P.O. Box Number is Not Acceptable)
2725 NE Cypress Lane

City Jensen Beach   FL   Zip Code 34957

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE President	TITLE
NAME James Tomlinson	NAME
STREET ADDRESS 2725 NE Cypress Lane	STREET ADDRESS
CITY-ST-ZIP Jensen Beach FL 34957	CITY-ST-ZIP
TITLE VICE PRESIDENT	TITLE
NAME Judith K Tomlinson	NAME
STREET ADDRESS 2725 NE Cypress Lane	STREET ADDRESS
CITY-ST-ZIP Jensen Beach FL 34957	CITY-ST-ZIP
TITLE	TITLE
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CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES D. TOMLINSON PRESIDENT   3/3/03

(772) 334-8603