

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-02-2003 90184 043 ***550.00

DOCUMENT # P02000096007

1. Entity Name
JSC DEVELOPMENT, INC.



Principal Place of Business
**3215 PINE VALLEY DR
SARASOTA FL 34239**

Mailing Address
**3215 PINE VALLEY DR
SARASOTA FL 34239**

2. Principal Place of Business
JSC Development
Suite, Apt. #, etc.

3. Mailing Address
3215 PINE VALLEY DR
Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
56-2295999

Applied For
☐ Not Applicable

Zip
34239 Country
USA

Zip
34239 Country
USA

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

6. Name and Address of Current Registered Agent

**CRAIN, JASON
3215 PINE VALLEY DR
SARASOTA FL 34239**

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

Jason Crain
(NOTE: Registered Agent signature required when reinstating)

8/28/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRAIN, JASON 3215 PINE VALLEY DR SARASOTA FL 34239 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/03 (41) 780 6951
Date Daytime Phone #

CR2E034 (4/03)