

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

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90059 020 \*\*\*150.00

DOCUMENT # P03000133945

1. Entity Name

S.J.C., of Sarasota, Inc.



**DO NOT WRITE IN THIS SPACE**

24033031

2. Principal Place of Business

5360 Hyland Hills

3. Mailing Address

5360 Hyland Hills

Suite, Apt. #, etc.

Apt. #2613

Suite, Apt. #, etc.

Apt. #2613

City & State

Sarasota, FL.

City & State

Sarasota, FL.

Zip

34241

Country

FL Sarasota

Zip

34241

Country

Sarasota

4. FEI Number

52-2414637

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 Shanna J. Campbell

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

5360 Hyland Hills Apt. #2613

City Sarasota

FL

Zip Code 34241

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

Shanna Campbell

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

(NOTE: Registered Agent signature required when re-stating)

3/29/04

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

NAME

STREET ADDRESS

CITY-ST-ZIP

President  
Shanna J. Campbell  
5360 Hyland Hills Ave Apt. #2613  
Sarasota, FL 34241

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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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:

Shanna Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

DATE

Daytime Phone #

CR2E034B (12/02)