

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

DOCUMENT # P04000020815

1. Entity Name
JAS Landscaping & Irrigation Inc.
16 West Lamar Place
Palm Coast, FL 32164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business JAS Landscaping & Irrigation Inc. Suite, Apt. #, etc.	3. Mailing Address 16 West Lamar Place Suite, Apt. #, etc.
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02-28-2005 90187 039 ***150.00

**FILED
Feb 28, 2005 8:00 am
Secretary of State**

City & State Palm Coast, Florida	City & State + Florida	4. FEI Number 20-0739451	Applied For <input type="checkbox"/>
Zip 32164	Country Flagler	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
Zip 32164	Country Flagler	7. Name and Address of Current Registered Agent	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

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 \$650.00

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
John Yevoli - President
16 West Lamar Place
Palm Coast, Florida 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Alfonso Yevoli - Secretary
16 West Lamar Place
Palm Coast, Florida 32164

TITLE
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 on an attachment with an address, with no other like empowered.

SIGNATURE: *John Yevoli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2005 (586) 445-4447
Date
Daytime Phone #

CR2E034B (1/202)