


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

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

02-28-2005 90187 039 ***150.00

DOCUMENT # P04000020815	
1. Entity Name JAS Landscaping & Irrigation Inc. 6 West Lamar Place Palm Coast, FL 32164	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business JAS Landscaping & Irr Inc Suite, Apt. #, etc.	3. Mailing Address 6 West Lamar Place Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Palm Coast, Florida	City & State Florida
Zip 32164	Country Flagler

4. FEI Number 20-0739451	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$850.00
Amended UBR is \$81.25
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 Yevoji - President 6 West Lamar Place Palm Coast, Florida 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alfonso Yevoji - Secretary 6 West Lamar Place Palm Coast, Florida 32164
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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 on an attachment with an address, with or other like empowered.

SIGNATURE: *John Yevoji*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034B (12/02)