FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000035715

1. Entity Name
JA Management consultant corp.

FILED

05 OCT -6 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6611 Kingman Trail	6611 Kingman Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32309 Country: USA	Zip: 32309 Country: USA

4. FEI Number: 02-0717228 ☐ 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: Jacqueline D. Austin

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

6611 Kingman Trail

City: Tallahassee FL Zip Code: 32309

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: Jacqueline D. Austin DATE

(Signature of printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating)

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 Jacqueline D. Austin 6611 Kingman Trail Tallahassee, FL 32309	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100060503391 10/12/05--01004--007 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Jacqueline D. Austin 6611 Kingman Trail Tallahassee, FL 32309	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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: Jacqueline D. Austin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OCT 6, 2005

To whom this may concern,

I sent my 2005 State Corp. filing fee in to the Department of State before May 1, 2005.

However, it was returned to me which I did not receive. The mailing address on letter is 5611 Kingman Trail but my address is 6611 Kingman Trail.

I'm asking that you waive my late fee because I did not receive your mail on time.

Thank you

Jacqueline Hunt