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**FILED** 

Jan 08, 2002 8:00 am

01-08-02-321-269-9797

## **2002 UNIFORM BUSINESS REPORT (UBR)**

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**DOCUMENT #** 

of the corporation or the receiver or trustee changed, or on an attachment with an addr

SIGNATURE:

## **Secretary of State** 01-08-2002 90021 029 \*\*\*150.00 J.A.B. WORLD INVESTMENTS, INC. Principal Place of Business Mailing Address 4420 S. WASHINGTON AVE. 4420 S. WASHINGTON AVE. TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 59-3149545 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, ROBERT 2960 SIR HAMILTON CIRCLE TITUSVILLE FL 32780 32780 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Johansan, Wilhelm Dr. 3305 Royal Oak Dr. Titusvilla, 7L 32780 TITLE DP (9/01) ☐ Delete TITLE JOHANSSEN, WILHEIM 4420 SOUTH WASHINGTON AVENUE CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition DVP NAME NAME CLARK, ROBERT STREET ADDRESS STREET ADDRESS 4420 S. WASHINGTON AVE. CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL Change TITLE ☐ Delete TITLE DST ☐ Addition JOHANSSAN, PATRICIA 4420 S WASHINGTON AVE TITUSVILLE FL 32780 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if