## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED May 14, 2001 8:00 am DOCUMENT # P95000031737 Secretary of State J & S ANALYSIS INCORPORATED 05-14-2001 90177 045 \*\*\*150.00 Principal Place of Business Mailing Address 12575 US HWY 1 122 PEGASUS DR JUPITER FL 33477 103956 JUNO BEACH FL 33408 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2182885 Not Applicable Zip Country Zip Country \$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 BrosTmezer Naszo BROSTMEYER, SHIRLEY C Street Address (P.O.Box Number is Not Acceptable) 122 PEGASUS DR JUPITER FL 33477 Zip Code 8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Josevh Bustmeyer Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete Brostmeyer, Shirley NAME **BROSTMEYER, JOSEPH** NAME STREET ADDRESS 122 PEGASUS DR STREET ADDRESS 122 Pegarus Dr. Jupiter, FC 33469 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 TITLE ☐ Delete TITLE ☐ Change Landis, Kenneth NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR