APR-24-2002 10:46 STAHL AND ASSOCIATES

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91756 023 ***150.00

DOCUMENT # P95000047012

1. Entity Name
JSCH, INC.

Principal Place of Business
~~250 E. ATLANTIC AVE.~~
~~DELRAY BEACH FL 33444~~
2711 N.E. 36TH ST.
LIGHTHOUSE PT. FL
33064

Mailing Address
C/O STAHL & ASSOCIATES
138 N. SWINTON AVE
DELRAY BEACH FL 33444
US

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0636712 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WEINER, MICHEAL S
THE CLARK HOUS
102 N SWINTON AVE
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above corporation hereby submits this document for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE(S) OF CURRENT REGISTERED AGENT, OFFICER OR DIRECTOR (Required for Administrative Dissolution) DATE

9. This corporation is eligible to satisfy its Annual Report requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VS
NAME CSAPO, JOHN C.
STREET ADDRESS 2711 NW 36TH STREET
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064
☐ Delete

TITLE D
NAME SPINA, GASPAR
STREET ADDRESS 1194 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH FL 33062
☐ Delete

TITLE
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CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE: [signature] 4/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
JOHN C. CSAPO