

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90163 015 \*\*\*150.00

**DOCUMENT # P95000047012**

1. Entity Name

JSCH, INC.



Principal Place of Business

2711 NE 36 ST  
LIGHTHOUSE PT FL 33064

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

C/O JOHN CSAPO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2711 NE 36th ST

City & State

City & State

LIGHTHOUSE PT, FL

Zip

Country

Zip

33064

Country

USA

4. FEI Number

65-0636712

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WEINER, MICHAEL 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME PRESIDENT, DIRECTOR ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE  
NAME  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

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STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/03

CR2E034 (10/02)