

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90034 042 ***150.00

DOCUMENT # P95000049386

1. Entity Name
JASLAE ASSOCIATES, INC.

Principal Place of Business
35196 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address
35196 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3322614**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOCKIARO, LOIS A
35196 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **P**
 STREET ADDRESS **BOCKIARO, LOIS A**
 CITY-ST-ZIP **4000 SALEM SQUARE PARKWAY**
PALM HARBOR FL ☐ Delete

TITLE
 NAME **P, ST**
 STREET ADDRESS **BOCKIARO, LOIS A**
 CITY-ST-ZIP **4000 SALEM SQUARE PARKWAY**
PALM HARBOR, FL 34685 ☒ Change ☐ Addition

TITLE
 NAME **ST**
 STREET ADDRESS **SIMMONS, JUDITH ANN**
 CITY-ST-ZIP **4476 CONNERY COURT**
PALM HARBOR FL ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois A Bockiaro
PRESIDENT

Date

Daytime Phone #

4/16/02 727-785-8846

CR2E034 (9/01)