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Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90041 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049386

1. Entity Name
JASLAE ASSOCIATES, INC.

90100434

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

2. Principal Place of Business	3. Mailing Address
6221 CARDINAL Crest DR	SAME AS #2
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6221 CARDINAL Crest DR.
City & State: New Port Richey FL	City & State: New Port Richey FL
Zip: 34655 Country: USA	Zip: 34655 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3322614 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Lois BOCKIARO
Street Address (P.O. Box Number is Not Acceptable): 6221 CARDINAL Crest DR.
City: New Port Richey FL Zip Code: 34655

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: Lois A Bockiaro (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/21/03

FILE ANNUAL REPORT ON OR BEFORE MAY 1, 2003 ... 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	
TITLE	PST ☐ Delete	TITLE	P.S.T. ☒ Change ☐ Addition
NAME	BOCKIARO, LOIS A	NAME	Lois A. BockiARO
STREET ADDRESS	4000 SALEM SQUARE PARKWAY	STREET ADDRESS	6221 CARDINAL Crest DR.
CITY-ST-ZIP	PALM HARBOR, FL 34685	CITY-ST-ZIP	New Port Richey, FL 34655
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Lois A Bockiaro (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 4/21/03 Daytime Phone #: 727-372-0401