

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90078 009 \*\*\*150.00

0318506

**DOCUMENT # P96000070015**

1. Entity Name  
**JAPTRIX, INCORPORATED**

Principal Place of Business <b>DUTHIE FREEMAN CENTRE. BLDG., D &amp; E          4401 CHARLOTTE ST.          LAKE WORTH FL 33461</b>	Mailing Address <b>DUTHIE FREEMAN CENTRE. BLDG., D &amp; E          4401 CHARLOTTE ST.          LAKE WORTH FL 33461</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0706196</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent <b>CASE, DERICK K.          4696 CAMBRIDGE ST          GREEN ACRES FL 33463</b>				7. Name and Address of New Registered Agent Name <b>CASE, DERICK K</b> Street Address (P.O. Box Number is Not Acceptable) <b>6785 ASHBURN RD.</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>			
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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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASE, DERRICK K</b>			NAME	<b>CASE, DERRICK K</b>		
STREET ADDRESS	<b>4690 CAMBRIDGE ST</b>			STREET ADDRESS	<b>6785 ASHBURN RD</b>		
CITY-ST-ZIP	<b>GREEN ACRES FL</b>			CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>		
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASE, ZONA D</b>			NAME	<b>CASE, ZONA D</b>		
STREET ADDRESS	<b>4690 CAMBRIDGE ST</b>			STREET ADDRESS	<b>6785 ASHBURN RD</b>		
CITY-ST-ZIP	<b>GREEN ACRES FL</b>			CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: Zona D Case (ZONA D CASE) SECRETARY 4/9/01 (561) 963-8700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)