

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90083 017 ***150.00

DOCUMENT # P96000072612

1. Entity Name

DC JASS, INC.

Principal Place of Business

22448 LACOMBE AVE.
PORT CHARLOTTE FL 33952

Mailing Address

22448 LACOMBE AVE.
PORT CHARLOTTE FL 33952

00006884



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20020 VETERANS BLVD.

Suite, Apt. #, etc.

UNIT 13

3. Mailing Address

20020 VETERANS BLVD

Suite, Apt. #, etc.

UNIT 13

City & State

PORT CHARLOTTE, FL.

City & State

PORT CHARLOTTE, FL.

Zip

33954

Country

USA

Zip

33954

Country

USA

4. FEI Number

65-0734799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARTRIDGE, JOHN
22448 LACOMBE AVE.
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

JOHN PARTRIDGE

Street Address (P.O. Box Number is Not Acceptable)

1188 PARACLETE ROAD

City

PORT CHARLOTTE

FL

Zip Code

33983

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

John Partridge

JOHN PARTRIDGE PRESIDENT

1-12-01

(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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	PARTRIDGE, JOHN D	
STREET ADDRESS	22448 LACOMBE AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STANZIONE, SAL	
STREET ADDRESS	26394 BRIDGEWATER ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	T	<input type="checkbox"/> Delete
NAME	STANZIONE, SANDRA	
STREET ADDRESS	26394 BRIDGEWATER ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARTRIDGE, ANNETTE	
STREET ADDRESS	22448 LACOMBE AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN D PARTRIDGE	
STREET ADDRESS	1188 PARACLETE ROAD	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNETTE PARTRIDGE	
STREET ADDRESS	1188 PARACLETE ROAD	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Sal Stanzone

VICE PRESIDENT

1-12-01

(941)627-6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)