2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P96000079614

1. Entity Name

SIGNATURE:

JTAX CORPORATION



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90450 047 ***150.00

			WE TO	<u> </u>		
Principal Place of Business 3307 PEMBROOK DR SARASOTA FL 34239		Mailing Address 3307 PEMBROOK DR SARASOTA FL 34239				
2. Principal	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·			
Suite, Apt. #, etc.					11991	
		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ate	City & State		4. FEI Number 65-0693542 Applied F		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional		
	6. Name and Address of Curre	nt Registered Agent		Fee Required		
		and the second s	_Name	7. Name and Address of New Registered Agent		
JOHNSON, DAVID P			Street Address	ss (P.O. Box Number is Not Acceptable)		
	H STREET WEST		olieel Address	ss (F.O. Box Number is Not Acceptable)		
BRADEN	ON FL 34233					
			City	FL Zip Code	—	
8. The above	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acc	cent	
are obliga	mons of registered agent.				оорі	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (A)OTT	- B	5	_	
	ILE NOW!!! FEE IS \$150.00	(NOTE	: Registered Agent signature requi	uired when reinstating) DATE		
Afte Make Checi	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution.		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	D Johnson, David P	Delete	TITLE	☐ Change ☐ Ade	dition	
STREET ADDRESS	3307 PEMBROOK DR		NAME STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP			
title Name		☐ Delete	TITLE	☐ Change ☐ Ado	dition	
STREET ADDRESS			NAME STREET ADDRESS		,	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME	-	☐ Delete	TITLE	☐ Change ☐ Add	lition	
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	lition	
IAME Treet address			NAME		IIIOIII	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
ITLE		□ Delete	TITLE			
AME			NAME	☐ Change ☐ Addi	ווסח	
TREET ADDRESS I			STREET ADDRESS			
ITLE		□ Delete	CITY-ST-ZIP			
AME		☐ Delete	TITLE NAME	☐ Change ☐ Addi	tion	
TREET ADDRESS			STREET ADDRESS			
ITY-ST-ZIP			CITY-ST-ZIP		ľ	
of the corn	parting that the information supplied with on this report or supplemental report is oration or the receiver or trustee empor or on an attachment with an address	worod to avec to the	he exemption stated in So signature shall have the s required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information s same legal effect as if made under oath; that I am an officer or director. Florida Statutes; and that my name appears in Block 10 or Block 11	n Or if	