

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90266 043 ***550.00

0108215 AT

DOCUMENT # P97000028552

1. Entity Name
JOZACH INC

Principal Place of Business

**304 HIGHWAY 19 PLAZA S
 BOX 10
 PALATKA FL 32177
 US**

Mailing Address

**304 HIGHWAY 19 PLAZA S
 BOX 10
 PALATKA FL 32177
 US**



2. Principal Place of Business

304 RT 19 Plaza

Suite, Apt. #, etc.

Box 10

City & State

Palatka Fla

Zip

32177

Country

Putnam

3. Mailing Address

Suite, Apt. #, etc.

SAME AS

City & State

ABOVE

Zip

ABOVE

Country

ABOVE

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3437280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LANDIS, SHERIDAN F
 304 HIGHWAY 19 PLAZA S
 PALATKA FL 32177**

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **DT** ☐ Delete
 NAME **LANDIS, ZACHARY**
 STREET ADDRESS **616 OAK ST**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **P** ☐ Delete
 NAME **LANDOIS, SHERIDAN F**
 STREET ADDRESS **304 HIGHWAY PLAZA**
 CITY-ST-ZIP **PALATKA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-01 9043120077
 Date Daytime Phone #

CR2E034 (5/01)