

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90127 027 ***150.00

DOCUMENT # P97000028552

1. Entity Name
JOZACH INC

Principal Place of Business

**304 RT. 19 PLAZA
 BOX 10
 PALATKA FL 32177
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **LANDIS, ZACHARY**
 CITY-ST-ZIP **616 OAK ST
 PALATKA FL 32177**

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Sheridan F Landois
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02
 Date

386-684-1032
 Daytime Phone #

CR2E034 (9/01)

Attachment

P970000 28552
7/9/02

Attention : Department of State

Enclosed ck

2773

To Whom it may Concern:

I know my filing is late. I would
Like a little help. PLEASE. I had a
heart Attack in March, 02. Physically
And Mentally I have been laid up
And unable to do my daily functions
until now. My Son is now helping me
to try and recover my business. I
Am mailing you \$150.00 hoping you
will except this as a filing fee.
PLEASE I would appreciate the consideration
on this matter.

Shirley P.