

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90312 038 ***150.00

DOCUMENT # P97000031519

1. Entity Name
J. LABS, INC.

Principal Place of Business

**6925 112TH CIRCLE NORTH
 STE 101
 LARGO FL 33773
 US**

Mailing Address

**6925 112TH CIRCLE NORTH
 STE 101
 LARGO FL 33773
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12399 Belcher Rd. South

Suite, Apt. #, etc.

Ste 160

City & State

LARGO, FL

Zip

33773-3052

Country

USA

3. Mailing Address

12399 Belcher Rd. South

Suite, Apt. #, etc.

Ste 160

City & State

LARGO, FL

Zip

33773-3052

Country

USA

4. FEI Number **59-3438925**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TANEJA, JUGAL K

6950 BRYAN DAIRY RD

LARGO FL 33777

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. ☐

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

TITLE	CDP	<input type="checkbox"/> Delete
NAME	TANEJA, JUGAL K	
STREET ADDRESS	6950 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHUMAN, CANI	
STREET ADDRESS	6925 112TH CIRCLE NORTH STE 101	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN, CANI	
STREET ADDRESS	12399 Belcher Rd. South, Ste 160	
CITY-ST-ZIP	LARGO, FL 33773-3052	
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		<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: *Canan Shuman, Secretary* **Canan Shuman, Secretary** **4/27/02** **727/324-6467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)