

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90065 005 ***150.00

DOCUMENT # P97000040942

1. Entity Name
JASMINE SQUARE, INC.

Principal Place of Business Mailing Address
6539 SE FEDERAL HWY **6539 SE FEDERAL HWY**
STUART FL 34997 **STUART FL 34997**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5655 SW Evans Dr **PO Box 329**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Stuart FL **Stuart FL**
 Zip Country Zip Country
34997 **USA** **34995** **USA**

4. FEI Number Applied For
65-0755381 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MACKAY, DAVID L
2801 SOUTHWEST COLLEGE ROAD
SUITE 1
OCALA FL 34474

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	<input type="checkbox"/> Delete
NAME	PERRON, LINDA
STREET ADDRESS	6539 SOUTHEAST FEDERAL HIGHWAY
CITY-ST-ZIP	STUART-FL 34997
TITLE	<input type="checkbox"/> Delete
NAME	FARINA, AL
STREET ADDRESS	6539 SOUTHEAST FEDERAL HIGHWAY
CITY-ST-ZIP	STUART, FL 34997
TITLE	<input type="checkbox"/> Delete
NAME	TONA, CHARLES L
STREET ADDRESS	14481 SOUTHWEST 47TH COURT
CITY-ST-ZIP	FORT LAUDERDALE FL 33330
TITLE	<input type="checkbox"/> Delete
NAME	TONA, FRANK J
STREET ADDRESS	6240 S.W. SR 200
CITY-ST-ZIP	OCALA, FL 34477
TITLE	<input type="checkbox"/> Delete
NAME	FARINA, MIKE
STREET ADDRESS	FIVE COLD HILL ROAD, SUITE 3
CITY-ST-ZIP	MENDHAM NJ 07945
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perron, Linda
STREET ADDRESS	5655 SW Evans Dr
CITY-ST-ZIP	Stuart, FL 34997
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Farina, Al
STREET ADDRESS	3551 SE Seapoint Ct
CITY-ST-ZIP	Stuart, FL 34997
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: Linda Perron Date: 2/7/02 Daytime Phone #: 561 219 3418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)