

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-24-2002 90062 030 \*\*\*150.00

0623680 AT

**DOCUMENT # P97000063109**

**1. Entity Name**  
**JAS HOLDINGS CORPORATION**

**Principal Place of Business**  
**19 NW 4TH ST., STE. 330**  
**EVANSVILLE IN 47708**

**Mailing Address**  
**19 NW 4TH ST., STE. 330**  
**EVANSVILLE IN 47708**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**58-2330924**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**OWENS, WILLIAM L**  
**4001 TAMiami TRAIL NORTH**  
**STE 404**  
**NAPLES FL 34103**

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** **DPT**  
**STREET ADDRESS** **DAVIDSON, WAYNE A**  
**CITY-ST-ZIP** **19 NW 4TH ST SUITE 330**  
**EVANSVILLE IN 47708**

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

**TITLE** ☐ Delete  
**NAME** **V**  
**STREET ADDRESS** **DAVIDSON, D SCOTT**  
**CITY-ST-ZIP** **919 FOUR OAKS**  
**FENTON MO 63026**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **12000 Conway Road**  
**CITY-ST-ZIP** **Creve Coeur, MO 63131**

**TITLE** ☐ Delete  
**NAME** **S**  
**STREET ADDRESS** **DAVIDSON, JILL**  
**CITY-ST-ZIP** **919 FOUR OAKS**  
**FENTON MO 63026**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **12000 Conway Road**  
**CITY-ST-ZIP** **Creve Coeur, MO 63131**

**TITLE** ☐ Delete  
**NAME**  
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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:**

**SIGNATURE REQUIRED**

2/7/02

(812) 464-7937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

CR2E034 (9/01)