

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90137 043 ***150.00

0906123 AR

DOCUMENT # P97000063109



1. Entity Name
JAS HOLDINGS CORPORATION

Principal Place of Business
19 NW 4TH ST., STE. 330-200
EVANSVILLE IN 47708

Mailing Address
19 NW 4TH ST., STE. 330-200
EVANSVILLE IN 47708

10010507



2. Principal Place of Business
19 NW 4th Street

3. Mailing Address
19 NW 4th Street

Suite, Apt. #, etc.
Ste. 200

Suite, Apt. #, etc.
Ste. 200

☒ CHECK HERE IF MAKING CHANGES

City & State
Evansville, IN

City & State
Evansville, IN

4. FEI Number **58-2330924**

Applied For
Not Applicable

Zip
47708

Country
USA

Zip
47708

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
William L. Owens
Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North
Suite 250
City
Naples **FL** Zip Code
34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William L. Owens*

William L. Owens, Registered Agent **1/22/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DAVIDSON, WAYNE A 19 NW 4TH ST SUITE 330 EVANSVILLE IN 47708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIDSON, D SCOTT 12000 CONWAY ROAD CREVE COEUR MO 63131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIDSON, JILL 12000 CONWAY ROAD CREVE COEUR MO 63131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Davidson, Wayne A. 19 NW 4th Street, Suite 200 Evansville, IN 47708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Wayne A. Davidson* **Wayne A. Davidson, President (812) 464-7937**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)