

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90039 043 ***150.00

DOCUMENT # P98000027265

1. Entity Name
JETWORKS PARASAIL, INC.

Principal Place of Business
6869 BAY STREET
SAINT PETERSBURG FL 33706

Mailing Address
6869 BAY STREET
SAINT PETERSBURG FL 33706

2. Principal Place of Business
25 CAUSEWAY BVD
 Suite, Apt. #, etc.
SUP # 8

3. Mailing Address
1747 LIVINGSTONE ST
 Suite, Apt. #, etc.

City & State
CLEARWATER BEACH FL
Zip
USA

City & State
SARASOTA FL
Zip
34231
Country
USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YEASER, MARK
6869 BAY STREET
SAINT PETERSBURG BEACH FL 33706

7. Name and Address of New Registered Agent

Name
DAVID O'DELL JR
Street Address (P.O. Box Number is Not Acceptable)
1747 LIVINGSTONE ST
City
SARASOTA FL
Zip Code
34231

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 *David O'Dell Jr*
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YEAGER, MARK 6869 BAY STREET SAINT PETERSBURG FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERTHOLD, RICHARD 6869 BAY STREET SAINT PETERSBURG FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID O'DELL JR 1747 LIVINGSTONE ST SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & DIRECTOR	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR DAVID O'DELL JR 1747 LIVINGSTONE ST SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & DIRECTOR DAVID O'DELL JR 1747 LIVINGSTONE ST SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David O'Dell 1747 Livingstone St. Sarasota, FL 34231	<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

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: *David O'Dell Jr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/02
 Date

941-8796
 Daytime Phone #

CR2E034 (9/01)