

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90175 021 ***150.00

DOCUMENT # PA8000048376 ✓
1. Entity Name
Jayel, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>100 EYSTER Blvd.</u> Suite, Apt. #, etc.	3. Mailing Address <u>100 EYSTER Blvd.</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>Rockledge, FL</u>	City & State <u>Rockledge, FL</u>	4. FEI Number <u>59-3518055</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <u>32955</u>	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Kancilia John R.
Street Address (P.O. Box Number is Not Acceptable)
1800 W Hibiscus Blvd.
Ste 138
City Melbourne **FL** **Zip Code** 32901

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>Jerry L. Durdan</u> <u>7948 Timberlake Drive</u> <u>West Melbourne, FL 32904</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry L. Durdan Jerry L. Durdan 4-23-02 321-636-7588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)