

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90022 037 ***150.00

DOCUMENT # P98000049131

1. Entity Name

J.P. SASSER, INC.

Principal Place of Business

675 MAUDE ROAD
 WAUCHULA FL 33873

Mailing Address

22 HIGH POINT CIR.
 FRANKLIN NJ 07410

change to
 ↓

000014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

675 MAUDE ROAD

3. Mailing Address

507 NORTH BEACH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wauchula, FL

City & State

SUNRISE BEACH, TX

4. FEI Number

58-2467569
 APPLIED FOR

Applied For

Not Applicable

Zip

33873

Country

HARDSEE

Zip

78643

Country

LLANO

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERALD H. STEAD, P.A.
 1311 WEST FLETCHER, STE. A
 TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

No change

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 *M/A*

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 **D** ☐ Delete
 NAME **SASSER, JAMES P - SAME**
 STREET ADDRESS **22 HIGH POINT CIR.**
 CITY-ST-ZIP **FRANKLIN NJ 07416** *change*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **SASSER, JAMES P**
 STREET ADDRESS **507 NORTH BEACH**
 CITY-ST-ZIP **SUNRISE BEACH TX, 78643**

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

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

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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:

James P. Sasser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8 Feb 02 (915) 388-6401

CR2E034 (9/01)