

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081137

1. Entity Name

JAYSQUARED LOGISTICS, INC.

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90061 043 ***150.00

US97/330 AV

Principal Place of Business

Mailing Address

4570 FRANKWOOD DRIVE
DELRAY BEACH FL 33445
4271 128th TERR S.
LAKE WORTH, FL 33467

4570 FRANKWOOD DRIVE
DELRAY BEACH FL 33445
4271 128th TERR S.
LAKE WORTH, FL 33467



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0867809

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

JANENDA, JOHN
4570 FRANKWOOD DR 4271 128th TERR S.
DELRAY BEACH FL 33445 LAKE WORTH, FL 33467

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

TITLE PD
NAME JANENDA, JOHN PAUL
STREET ADDRESS 4570 FRANKWOOD DRIVE 4271 128th TERR S.
CITY-ST-ZIP DELRAY BEACH FL 33445 LAKE WORTH, FL 33467

☐ Delete

TITLE VPD
NAME JANENDA, LISA CRISTINA
STREET ADDRESS 4570 FRANKWOOD DRIVE 4271 128th TERR S.
CITY-ST-ZIP DELRAY BEACH FL 33445 LAKE WORTH, FL 33467

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/15/02-501
333-5784

CR2E034 (9/01)