FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 23 AM 10:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000081137

1. Entity Name

JAYSQUARED LOGISTICS, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4271 128TH TERRACE SOUTH	4271 128TH TERRACE SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH FL	City & State: LAKE WORTH FL
Zip: 33467 Country: P.B.	Zip: 33467 Country: P.B.

4. FEI Number: 65-0867809 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN JANENDA

Street Address (P.O. Box Number is Not Acceptable): 4271 128TH TERRACE SOUTH

City: LAKE WORTH **FL** Zip Code: 33467

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.

700024055497
10/23/03--01079--014 **150.00

SIGNATURE _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	JANENDA, JOHN PAUL
STREET ADDRESS	4271 128TH TERRACE SOUTH
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VPD
NAME	JANENDA, LISA CRISTINA
STREET ADDRESS	4271 128TH TERRACE SOUTH
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/15/03 (561) 333-8464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 10/20

Thomas A. Abblett, CPA, PA

Certified Public Accountant
2424 North Federal Highway, Suite 200
Boca Raton, Florida 33431
Tel: 561-393-3130 Fax: 561-361-7395
Email: tom@abblettcpa.com

October 13, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Subject: JaySquared Logistics, Inc.
Doc# P98000081137

Enclosed is the Uniform Business Report for 2003 for JaySquared Logistics, Inc. The taxpayer never received the original reports and was unaware until receiving the Notice of Dissolution.

We have enclosed a current UBR and a check for $150.

We respectfully request that you waive the reinstatement fee and the late filing fee, as the taxpayer never received the original documents from your office.

Please contact me if you have any questions or require any additional information.

Sincerely,

Thomas A. Abblett, CPA

C: Lisa C. Janenda