DOCUMENT # P98000083537 1. Entity Name JO JAMES, P.A.					Secretary of State 07-31-2002 90102 026 ***150.00		
ikid encol Sapazinaki		Mailing Address P O BOX 3319 SARASOTA FL 34230 US					
•	Place of Business Riverbluff Pkwy #, etc. Unit V-149	3. Mailing Address Same as above Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Sarasota, Fl. Zip Country		City & State Zip Country		4.	65-0867946	No	oplied For ot Applicable
3423	Country Sarasota	i Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	Name		Name and Address of New Registe	red Agent	
JAMES, JACK A x1619 LINCOLN DR. SARASQTAYE 34236 8. The above named entity submits this statement for the purpose of changing its representations of registered agent.				James Jack A at Address (P.O. Box Number is Not Acceptable) 2611 Riverbluff Pkwy 7-149 Sarasota, 3 FL Zip Code 34231 e or registered agent, or both, in the State of Florida. I am familiar with, and accept			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW After September 1: Make Check Payal			Registered Agent signature required will FEE IS \$550.00 2002 Fee will be \$750.00 e to Department of State		10. Election Campaign Financing Trust Fund Contribution.	☐ Added	0 May Be I to Fees
11. j	OFFICERS AND D		12.	A	DDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES, JOSEFA J 1610: UNCOLNEDR SARASOTA FL-34226 X	⊠ Delete address only	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jam	esident nes, Josefa J 1 Riverbluff Pkw	□ Change Saraso Y Fl 342	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D É JAMES, JACK A 1810 LINCOLN DR SARASOTA RIXSAZSEX	∏Delete address only	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2611	es Jack A KP Riverbluff Pkwy sota, Fl. 34231	□ Change V – 149	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	The second secon	☐ Delete	TITLE NAME:		NOTE:	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated	certify that the information supplied with to on this report or supplemental report is t	nis tiling does not quality for the rue and accurate and that my s	e exemption st signature shall	ated in Section have the same	i 119.07(3)(i), Florida Statutes. I further e legal effect as if made under oath; the	certify that the in at I am an officer	tormation or director

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)

Michael Saunders & Company

Licensed Real Estate Broker
61 S. BOULEVARD OF PRESIDENTS / SARASOTA, FLORIDA 34236 / (941) 388-4447 / FAX: (941) 388-3041

July 26, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

Dear Sir/Madam,

Enclosed, please find my payment in the amount of \$150.00 and accompanying (UBR) report.

I make my living as a realtor with Michael Saunders & Company here in Sarasota County Florida.

Please note that the state is placing a \$400.00 penalty on me because above report was not filed on time.

I never received this report back in February when I understand they are mailed out. Knowing I would have to pay a \$400.00 penalty if I did not pay the \$150.00 I would have certainly made a timely payment.

It is for above reason I pray you will accept my \$150.00 payment and waive the penalty in my case. My Document # is P98000083537

Respectfully Yours,

/Jo James Realtor

Michael Saunders & Company

(941) 928-3175

e-mail jjamesbest@aol.com