

DOCUMENT # P98000107425

1. Entity Name

JASPER MARKETING, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90006 041 ***150.00

Principal Place of Business
 1425 NE 57th PLACE
 FORT LAUDERDALE, FL 33334

Mailing Address
 1425 NE 57th PLACE
 FORT LAUDERDALE, FL 33334

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0913432		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

655671

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRENDA LEGEL 1425 NE 57th PLACE FORT LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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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, if not a printed name of registered agent and not a director)

(NOTE: Registered Agent signature required when changing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐
 (See criteria on back)

FILE NOW! FEES \$140.00
Starting May 1, 2000 Fee will be \$550.00
Payment Check payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P RALPH COPPES 1004 COMMERCE ST. LITTLE ROCK, AR 72202 ☐ 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	ASST SEC LARRY LEGEL 1425 NE 57th PL FT LAUDERDALE FL 33334 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 an address, with all other like empowerings.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0.300

Daytime Phone #