Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900001635 1. Entity Name JA-CO SERVICES, INC.					Secretary of State 07-31-2001 90236 004 ***150.00			
•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			V		0, 31 2001 30230 001	150.00		
Principal Place of Business 339 N. HOLIDAY ROAD DESTIN FL		Mailing Address 339 N. HOLIDAY ROAD DESTIN FL 32541						
2. Principal Place of Business 3. Mailing Address					I 10841001 (ID 48110 SAIA) OBAN ODŅI GONI HANI	88183 1818 1818 1		
Suite, Apt.	HWY 98 W #, etc. PLAZA, STE 30	10221 HWY 98 W Suite, Apt. #, etc. PALM PLAZA, STE 30			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State DESTIN, FL		4. 1	59-3561968 59-3561968		plied For t Applicable	
^{Zip} 32541	Country	Zip 32541	Country USA		Certificate of Status Desired	\$8.75 Addi		
6. Name and Address of Current Registered Agent Name					Name and Address of New Registered	Agent		
COTTER, JANET E 339 N. HOLIDAY ROAD DESTIN FL			102	Street Address (P.O. Box Number is Not Acceptable) 10221 HWY 98, W PALM PLAZA SUITE 30				
•			City	ESTIN FL Zip Code 32541				
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 TANET E. COTTER, OWNER 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!!! After September 12, 2 Make Check Payable				Fee will be \$750.00			May Be to Fees	
11.	OFFICERS AND D		12.	ΑC	DITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTER, JANET E 339 N. HOLIDAY ROAD DESTIN FL	☐ Delcie	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10221 DESTIN	HWY 98 W, PALM PLAZA, , FL 32541	□ Change STE 30	☐ Addition	
. TITLE	or contractional of the	Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP	·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	☐ Addition	
TITLE		□ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street Address City-St-Zip					
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 of the cor	Learlify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empore, or on an attachment with an address, we	rue and accurate and that my vered to execute this report as	signature shall ha	ive the same	legal effect as if made under oath; that I	am an officer	or director	

HouseMaster memorandum

From: Jaye Cotter, Owner

Date:

July 27, 2001

To:

Division of Corporations

CC:

Subject:

Uniform Business Report Document # P99000001635

To Whom it may concern:

Ja-Co Services, Inc. dba HouseMaster Home Inspection Service, did not receive the filing form for the earlier filing date. This is my first notice for this fee. On the advice of my CPA; who called your office, I am remitting the \$150.00 because, I would have paid it if I had received the notice. I moved my business to a business plaza, so please note my new address. Thank you, Jaye Cotter, Owner

7/27/01

CONFIDENTIAL

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