

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012984

1. Entity Name

JASON MOTORS, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90102 045 ***150.00

Principal Place of Business

1700 N. HARBOR CITY BLVD
MELBOURNE FL 32935

Mailing Address

1700 N. HARBOR CITY BLVD
MELBOURNE FL 32935-7602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0893974

Applied For

Not Applicable

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

SANTORE, MICHAEL A
483 ORLOV ROAD, NW
PALM BAY FL 32907

Name

JASON F. O'LOUGHLIN

Street Address (P.O. Box Number is Not Acceptable)

1709 ZAMINDER ST. NW.

City

PALM BAY

FL

Zip Code

32907

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

Jason O'Loughlin

(NOTE: Registered Agent signature required when reinstating)

1-14-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME PEDEMONTI, RALPH
STREET ADDRESS 134 DIANE CIRCLE
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D S P ☐ Delete
NAME O'LOUGHLIN, PATRICIA
STREET ADDRESS 1709 ZAMINDER ST. NW
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D S P ☐ Change ☒ Addition
NAME JASON F. O'LOUGHLIN
STREET ADDRESS 1709 ZAMINDER ST. NW
CITY-ST-ZIP PALM BAY, FL 32907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

Jason O'Loughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

(321) 757-8644

Daytime Phone #

CR2E034 (9/99)