

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90090 012 ***150.00

DOCUMENT # P99000054855

1. Entity Name

JAMA ASCH CONSULTING INC.

Principal Place of Business

Mailing Address

~~2100 MAIN STREET~~
~~SARASOTA FL 34237~~

~~2100 MAIN STREET~~
~~SARASOTA FL 34237-6024~~

2. Principal Place of Business

3. Mailing Address

6371-4 Presidential Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

4. FEI Number

65-0931689

Applied For

Not Applicable

Zip

Country

Zip

Country

33919

U.S.A.

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

~~JAENSCH, P. CHRISTOPHER~~

~~2100 MAIN STREET~~

~~SARASOTA FL 34237~~

Name **Andrew G. Jessen**

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

6371-4 Presidential Ct.

City **Fort Myers**

FL

Zip Code **33919**

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

Andrew G. Jessen

Andrew G. Jessen

2/25/00

Signature, typed or printed name of registered agent and date 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!!! 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	<input type="checkbox"/> Delete
NAME	ASCH, SABINE	
STREET ADDRESS	TEINACHER STR.9,72766 REUTLINGEN	
CITY-ST-ZIP	GERMANY	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASCH, JURGEN	
STREET ADDRESS	TEINACHER STR.9,72766 REUTLINGEN	
CITY-ST-ZIP	GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sabine Asch **Sabine Asch** **4/14/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #