

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90071 012 ***150.00

DOCUMENT # P99000063861

1. Entity Name

J.C. JASPERS, INC.

Principal Place of Business

CITY DALI WEST
321 N UNIV DR STE YC10
PLANTATION FL 33322

Mailing Address

1450 N.W. 100 WAY
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

1900 S.W. 131 TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip

Country

33325

Country

4. FEI Number

65-0989899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JASPERS, HANS
1450 N.W. 100 WAY
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name **JASPERS HANS**
 Street Address (P.O. Box Number is Not Acceptable) **1900 S.W. 131 TER.**
 City **DAVIE FL** Zip Code **33325**

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, 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!!! FEE IS \$150.00
After May 1, 2002 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	JASPERS, HANS	
STREET ADDRESS	1450 N.W. 100 WAY	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 1 02 954 4249090

Date

Daytime Phone

CR2E034 (9/01)