

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000072816**

1. Entity Name  
**JAS TRANSPORTATION, INC.**

Principal Place of Business  
 122 E. TILLMAN AVE.  
 LAKE WALES FL 33853

Mailing Address  
 P. O. BOX 840  
 LAKE WALES FL 338590840

2. Principal Place of Business  
 202 E. STUART AVE.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 LAKE WALES FL

City & State

Zip Country  
 33853 US

4. FEI Number  
**59-3593660**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON RONALD C**  
 122 E. TILLMAN AVE.  
 LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name  
**JOHNSON RONALD C**

Street Address (P.O. Box Number is Not Acceptable)  
 202 E. STUART AVE.

City  
 LAKE WALES **FL** Zip Code  
 33853

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 \_\_\_\_\_ **04/27/2001**  
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, 2001 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>JOHNSON RONALD C</b>	
STREET ADDRESS	122 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>JAHNA-PETERSON GRETCHEN</b>	
STREET ADDRESS	122 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>JAHNA EMIL R</b>	
STREET ADDRESS	122 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>JAHNA JAMES A</b>	
STREET ADDRESS	122 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON RONALD C</b>	
STREET ADDRESS	202 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAHNA-PETERSON GRETCHEN</b>	
STREET ADDRESS	122 E. STUART AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAHNA EMIL R</b>	
STREET ADDRESS	202 E. STUART AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAHNA JAMES A</b>	
STREET ADDRESS	202 E. STUART AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: RONALD C. JOHNSON** **VD** **04/27/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)