

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jul 15, 2003 8:00 am**  
**Secretary of State**

07-15-2003 90023 050 \*\*\*150.00

0123801 AT

**DOCUMENT # P99000075255**

1. Entity Name  
**JASOU INVESTMENTS, INC.**



Principal Place of Business  
**532 TEQUESTA DR.  
MARIANNA FL 32446**

Mailing Address  
**532 TEQUESTA DR.  
MARIANNA FL 32446**

2. Principal Place of Business  
**532 TEQUESTA DR.**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

City & State  
**MARIANNA FL**

City & State

Zip  
**32448**

Country  
**JACKSON**

Zip Country

4. FEI Number  
**59-3588383**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SWART, JAN H**  
**532 TEQUESTA DR**  
**MARIANNA FL 32446**

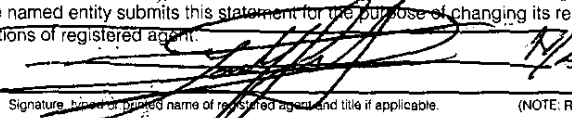
**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **7-12-03**

Signature, his or her printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003: Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SWART, JAN H</b>	
STREET ADDRESS	<b>532 TEQUESTA DR.</b>	
CITY-ST-ZIP	<b>MARIANNA FL 32446</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SWART, SOPHIA</b>	
STREET ADDRESS	<b>532 TEQUESTA DR.</b>	
CITY-ST-ZIP	<b>MARIANNA FL 32446</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED** **JAN HENDRIK SWART** **7-12-03** **(850) 574 2821**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment #

LASOU INVESTMENTS INC.



A REAL ESTATE INVESTMENT CO  
532 TEQUESTA DR  
MARIANNA, FL 32448  
850-579-2821 OFFICE  
(850)-209-3291 CELL

90143101

PPN00675255

TO WHOM IT MAY CONCERN

THIS NOTICE WAS THE FIRST I RECEIVED, NO MAILING  
ADDRESS WAS CHANGED, I WOULD SINCERELY  
~~REQUEST IF THE LATE FEE CAN BE WAIVED.~~

THANK YOU  
DUTCH SWART

7-12-03