

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