

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000102696**

1. Entity Name

JIS, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90110 020 ***150.00

Principal Place of Business

**878 BARBER STREET
SEBASTIAN FL 32958**

Mailing Address

**878 BARBER STREET
SEBASTIAN FL 32958**

2. Principal Place of Business

3. Mailing Address

1270 CLEARMONT ST**1270 CLEARMONT ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2**#2**

City & State

City & State

PALM BAY, FL**PALM BAY FL**

Zip

Country

Zip

Country

32905**USA****32905****USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0968303

Applied For

☒ Not Applicable5. 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

**STEWART, ILLONA J
878 BARBER STREET
SEBASTIAN FL 32958**

Name

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

836 MONTROSE AVENUE

City

SEBASTIAN**FL**

Zip Code

32958

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

Illona J. Stewart

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04.25.019. 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 State10. 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 ☐ Delete
NAME **D**
STREET ADDRESS **STEWART, ILLONA J**
CITY-ST-ZIP **878 BARBER STREET
SEBASTIAN FL 32958**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STEWART, JAMES J**
CITY-ST-ZIP **878 BARBER STREET
SEBASTIAN FL 32958**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **836 MONTROSE AVENUE**
CITY-ST-ZIP **SEBASTIAN, FL 32958**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **836 MONTROSE AVENUE**
CITY-ST-ZIP **SEBASTIAN, FL 32958**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Illona J. Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.01 329/984-2566

Date

Daytime Phone #

CR2E034 (10/00)

0084453