

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90096 021 ***150.00

DOCUMENT # S98684

1. Entity Name

J.S.J. & ASSOCIATES, INC.

Principal Place of Business

**8498 TALLAHASSEE NE
 ST PETERSBURG FL 33702
 US**

Mailing Address

**2800 4TH ST NORTH
 STE 134
 ST PETERSBURG FL 33704-2102
 US**

2. Principal Place of Business

**999 PIEDMONT OAKS DR.
 Suite, Apt. #, etc.**

3. Mailing Address

**999 PIEDMONT OAKS DRIVE
 Suite, Apt. #, etc.**

City & State

Apopka, Florida

City & State

Apopka, FL

Zip

32703

Country

USA

Zip

32703

Country

USA

4. FEI Number

59-3096131

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SAN JUAN, CONRADO M.
 610 LANDINGS PLACE
 LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name **SAN JUAN, CONRADO M.**

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

999 PIEDMONT OAKS DRIVE

City

Apopka

FL

Zip Code

32703

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	SAN JUAN, JENNIFER	
STREET ADDRESS	8498 TALLAHASSEE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN JUAN, JENNIFER	
STREET ADDRESS	999 PIEDMONT OAKS DRIVE	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN JUAN, CONRADO M.	
STREET ADDRESS	999 PIEDMONT OAKS DRIVE	
CITY-ST-ZIP	Apopka, FL 32703	
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		

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 Required

Date

Daytime Phone #

CR2E034 (9/99)