

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90115 030 ***150.00

DOCUMENT # S98684

1. Entity Name
J.S.J. & ASSOCIATES, INC.



Principal Place of Business
**999 PIEDMONT OAKS DR
APOPKA FL 32703
US**

Mailing Address
**999 PIEDMONT OAKS DR
APOPKA FL 32703
US**



2. Principal Place of Business

3. Mailing Address

1909 PARKTREE DRIVE

1909 PARKTREE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ARLINGTON TX

City & State
ARLINGTON, TX

4. FEI Number **59-3096131**

Applied For
Not Applicable

Zip
76001

Country
USA

Zip
76001

Country
USA

5. 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

**SAN JUAN, CONRADO M.
999 PIEDMONT OAKS DR
APOPKA FL 32703**

Name **N. L. CARMACK**
Street Address (P.O. Box Number is Not Acceptable)
992 PIEDMONT OAKS DR.
City **APPOKA** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **N. L. CARMACK** DATE **4-14-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SAN JUAN, JENNIFER**
STREET ADDRESS **999 PIEDMONT OAKS DR**
CITY-ST-ZIP **APOPKA FL 32703**

☒ Change ☐ Addition
~~1909 PIEDMONT~~ **1909 PARKTREE DR.,**
ARLINGTON, TX 76001

TITLE **CEO** ☐ Delete
NAME **SAN JUAN, CONRADO M**
STREET ADDRESS **999 PIEDMONT OAKS DR**
CITY-ST-ZIP **APOPKA FL 32703**

☒ Change ☐ Addition
1909 PARKTREE DR.
ARLINGTON, TX 76001

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
NAME
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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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)