2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **V00355** May 02, 2000 8:00 am 1. Entity Name JAYCO MARKETING CO. Secretary of State 05-02-2000 90120 001 ***150.00 Mailing Address Principal Place of Business 5800 OVERSEAS HWY 5800 OVERSEAS HWY STE - 35-151 STE - 35-151 MARATHON FL 33050-2735 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address P.O. BOX DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0342677 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT JAROS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 5800 OVERSEAS HWY STE - 35-151 MARATHON FL 33050 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition **PST** TITLE ☐ Delete TITLE AROS ROBERT JAROS, ROBERT G NAME NAME STREET ADDRESS STREET ADDRESS 5800 OVERSEAS HWY / STE - 35-151 CITY-ST-ZIP CITY-ST-ZIP MARATHON FL ☐ Addition TITLE ☐ Delete TITLE Jaros, Robert G NAME NAME STREET ADDRESS STREET ADDRESS 5800 OVERSEAS HWY / STE - 35-151 30 444 CITY-ST-7IP CITY-ST-ZIE MARATHON FL ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of 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. OBERT 6. JAROS Oaytime Phone # GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR