

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V00477****1. Entity Name**
JA-AD OF SARASOTA, INC.**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90013 035 ***150.00

Principal Place of Business**10001 289TH STREET, EAST**
MYAKKA CITY FL 34251
US**Mailing Address****10001 289 STREET, EAST**
MYAKKA CITY FL 34251
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0301345**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****MILLER, RICHARD E.**
10001 289TH STREET, EAST
MYAKKA CITY FL 34251**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.**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, 2001 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	MILLER, RICHARD E.	
STREET ADDRESS	10001 289TH STREET, EAST	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MILLER, BARBARA A.	
STREET ADDRESS	10001 289TH STREET, EAST	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, JASON	
STREET ADDRESS	10001 289TH ST., EAST	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, CHAD	
STREET ADDRESS	10001 289TH STREET EAST	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
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		<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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. MILLER**3/5/01**

Date

941 371-4586

Daytime Phone #

CR2E034 (10/00)