

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11859

1. Entity Name

JLO, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90062 034 ***150.00

Principal Place of Business

RADFORD BLVD NAS
PO BOX 33320
PENSACOLA FL 32508
US

Mailing Address

501 E. CERNANTES
SUITE #1
PENSACOLA FL 32501
US

2. Principal Place of Business

815 E. Cernantes ST.
Suite, Apt. #, etc.

3. Mailing Address

100 N. SPRING ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pensacola FL

Country
Escambia

City & State
PENSACOLA FL

Country
Escambia

4. FEI Number 59-2666758

Applied For
Not Applicable

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

O'CONNOR, SUSAN K
4830 LAJOLLA
PENSACOLA FL 32504

Name O'Connor, Susan K
Street Address (P.O. Box Number is Not Acceptable)
708 Fairpoint Dr
City Gulf Breeze FL Zip Code 32561

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	DP	<input type="checkbox"/> Delete
NAME	O'CONNOR, JOHN L.	
STREET ADDRESS	RADFORD BLVD NAS #33320	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	O'CONNOR, SUSAN K.	
STREET ADDRESS	4830 LAJOLLA	
CITY-ST-ZIP	PENSACOLA FL	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	708 Fairpoint Dr	
CITY-ST-ZIP	Gulf Breeze, FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	708 Fairpoint Dr	
CITY-ST-ZIP	Gulf Breeze, FL	
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:

SUSAN K O'CONNOR

3-3-2000

8504709555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)