2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2002 8:00 am Secretary of State DOCUMENT # N9800000032 1. Entity Name 02-01-2002 90054 033 ****61.25 JL CARES, INC. Principal Place of Business Mailing Address 3392 BARROW ISLAND ROAD 3392 BARROW ISLAND ROAD JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0808362 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WALSH, MARY D 3392 BARROW ISLAND ROAD JUPITER FL 33477 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) **(**\(\frac{1}{2}\) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CT TITLE ☐ Defete TITLE ☐ Addition WALSH, MARY D NAME NAME STREET ADDRESS STREET ADDRESS 2392 BARROW ISLAND RD CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP VCT. Delete TITLE Change ☐ Addition PRICE TERESA 3368 BARROW ISLAND RD NAME Smith, dick STREET ADDRESS 3910 N. LONGVIEW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-JUPITER FL 33447 JUPITER FL 33477 Delete ☐ Change ☐ Addition NAME NICHOLSON, LYNN NAME STREET ADDRESS 300 BARROW ISLAND RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ☐ Addition TITLE TITLE □ Defete ☐ Change NAME vieth. George NAME STREET ADDRESS 15820 WINDRIFT DR STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

12. Thereby 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 usee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if