

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000066736

FILED
Apr 09, 2003
Secretary of State

Entity Name: JTL, INC.

Current Principal Place of Business:

12140 METRO PWKY.
UNIT 7
FORT MYERS, FL 33912

New Principal Place of Business:

12140 METRO PWKY.
UNIT 1
FORT MYERS, FL 33912

Current Mailing Address:

12140 METRO PKWY.
UNIT 7
FORT MYERS, FL 33912

New Mailing Address:

12140 METRO PKWY.
UNIT 1
FORT MYERS, FL 33912

FEI Number: 65-1125167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABODA, BRUCE
1433 LYNWOOD AVENUE
FORT MYERS, FL 33901

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LABODA, BRUCE
Address: 1433 LYNWOOD AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: RADER LABODA, SHELLEY
Address: 1433 LYNWOOD AVENUE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE LABODA

D

04/09/2003

Electronic Signature of Signing Officer or Director

_____ Date