

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**  
 09-18-2000 90148 012 \*\*\*550.00

**DOCUMENT # P99000054175**

1. Entity Name  
**JALOR ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
 13598 NORTHUMBERLAND CIRCLE      13598 NORTHUMBERLAND CIRCLE  
 WELLINGTON FL 33414                  WELLINGTON FL 33414

2. Principal Place of Business      3. Mailing Address  
**SAME AS ABOVE**                      **SAME AS ABOVE**

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                          Zip      Country

4. FEI Number      Applied For  
**65-0961381**                          Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**A0079419**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**PIEDRAHITA, IVAN D**  
**1876 N UNIVERSITY DRIVE, SUITE 300-C**  
**PLANTATION FL 33322**

**7. Name and Address of New Registered Agent**

Name      **JAMES R. LYNN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13598 NORTHUMBERLAND CIR.**  
**WELLINGTON**                          **33414**  
 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 **JAMES R. LYNN**      **9/13/00**  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | <b>D</b> <input type="checkbox"/> Delete  |
| NAME           | <b>LYNN, JAMES</b>                        |
| STREET ADDRESS | <b>13598 NORTHUMBERLAND CIRCLE</b>        |
| CITY-ST-ZIP    | <b>WELLINGTON FL 33414</b>                |
| TITLE          | <b>ST</b> <input type="checkbox"/> Delete |
| NAME           | <b>LORENA M. LYNN</b>                     |
| STREET ADDRESS | <b>13598 NORTHUMBERLAND CIR</b>           |
| CITY-ST-ZIP    | <b>WELLINGTON FL 33414</b>                |
| 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    |   |
| 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 |
| 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: **JAMES R. LYNN**      **9/13/00**      **561 7935634**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)