

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90106 031 ***158.75

DOCUMENT # F00000002406

1. Entity Name
JLJS, INC.

Principal Place of Business
7402 S DIXIE HIGHWAY
WEST PALM BEACH FL 33405

Mailing Address
P.O. BOX 6955
BLOOMINGTON IN 47407



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1690753

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEASE, JEFF

7402 S. DIXIE HIGHWAY

WEST PALM BEACH FL 33405

Name

Street Address (P.O. Box Number is Not Acceptable)

307 N. Federal

City

LAke Worth

FL

Zip Code

33406

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 fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jeff Mease

1-23-02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **MEASE, JEFFREY L**
STREET ADDRESS **6600 S. OLIVE AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **307 N. Federal**
CITY-ST-ZIP **LAke Worth, FL 33406**

TITLE **STV** ☐ Delete
NAME **DARE, HELEN**
STREET ADDRESS **2372 WINDING BROOK CIR**
CITY-ST-ZIP **BLOOMINGTON IN 47401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **HAMLIN, JEFFREY W**
STREET ADDRESS **314 E. 3RD**
CITY-ST-ZIP **BLOOMINGTON IN 47401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HELEN DARE Corp Sec 1-23-02 812-339-2056

CR2E034 (9/01)