

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 653673

1. Entity Name

JLT ENTERPRISES, INC.

FILED

May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90029 033 \*\*\*150.00

Principal Place of Business

Mailing Address

11643 GROVE ST. NO.  
C/O JOHN TEVLIN  
SEMINOLE FL 33772-7137  
US

11643 GROVE ST. NO.  
C/O JOHN TEVLIN  
SEMINOLE FL 33772-7137  
US

2. Principal Place of Business

3. Mailing Address

U.S. 1  
Suite, Apt. #, etc.  
P.O. Box 510297

U.S. 1  
Suite, Apt. #, etc.  
P.O. Box 510297

City & State

City & State

Key Colony Bch, Fla  
Zip 33051 Country US

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2410730

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

TEVLIN, JOHN L  
11643 GROVE ST. NO.  
SEMINOLE FL 33772

Name John L. Tevlin  
Street Address (P.O. Box Number is Not Acceptable)  
360 12th St P.O. Box 510297  
City Key Colony Bch FL Zip Code 33051

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 John L. Tevlin President 4/25/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME TEVLIN, JOHN L  
STREET ADDRESS 11643 GROVE ST. NO.  
CITY-ST-ZIP SEMINOLE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)