

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90097 050 ***150.00

DOCUMENT # 653673

1. Entity Name
JLT ENTERPRISES, INC.

Principal Place of Business

U.S. ONE
P O BOX 510297
KEY COLONY BCH FL 33051
US

Mailing Address

U.S. ONE
P O BOX 510297
KEY COLONY BCH FL 33051
US

2. Principal Place of Business

360-12TH Street
 Suite, Apt. #, etc.
P.O. Box 510297

City & State
Key Colony Beach, FL

Zip Country
33051-0297 US

3. Mailing Address

360 12TH Street
 Suite, Apt. #, etc.
P.O. Box 510297

City & State
Key Colony Beach, FL

Zip Country
33051-0297 US



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

TEVLIN, JOHN L
360 -12TH ST.
P O BOX 570297
KEY COLONY BCH FL 33051

7. Name and Address of New Registered Agent

Name
SAME

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

P O Box 510297

City
SAME

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

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 \$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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **TEVLIN, JOHN L**
 CITY-ST-ZIP **360 12TH STREET, BOX 510297**
KEY COLONY BEACH FL 33051-0297

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

John L. Tevlin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 **727-638-0161**
 Date Daytime Phone #

CR2E034 (9/01)