

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90007 046 ***150.00

81559518

DOCUMENT # F00000002406

1. Entity Name
JLJS, INC.

Principal Place of Business

Mailing Address

**2372 WINDING BROOK CIR
 BLOOMINGTON IN 47407**

**P.O. BOX 6955
 BLOOMINGTON IN 47407**

2. Principal Place of Business

7402 S. Dixie Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

4. FEI Number **31-1690753**

Applied For
 Not Applicable

Zip

33405

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**MEASE, JEFF
 7402 S. DIXIE HIGHWAY
 WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

Name

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

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 *Jeffrey Mease*

(NOTE: Registered Agent signature required when reinstating)

1-21-01

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, 2001 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 **PC** Delete
 NAME **MEASE, JEFFREY L**
 STREET ADDRESS **5603 S. OLIVE AVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

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

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
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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 of assets 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 another like empowered.

SIGNATURE: *Jeffrey Mease*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-01 812-339-2256
 Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE