

# 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  
**2372 WINDING BROOK CIR  
 BLOOMINGTON IN 47407**

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

2. Principal Place of Business

**7402 S. Dixie Highway**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL**

City & State

Zip Country

**33405 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **31-1690753**

Applied For  
 Not Applicable

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*

DATE **1-21-01**

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	<input type="checkbox"/> Delete
NAME	MEASE, JEFFREY L	
STREET ADDRESS	5603 S. OLIVE AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	STV	<input type="checkbox"/> Delete
NAME	DARE, HELEN	
STREET ADDRESS	2372 WINDING BROOK CIR	
CITY-ST-ZIP	BLOOMINGTON IN 47401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAMLIN, JEFFREY W	
STREET ADDRESS	314 E. 3RD	
CITY-ST-ZIP	BLOOMINGTON IN 47401	
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		

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

DATE **1-21-01** DAYTIME PHONE # **812-339-2256**

CR2E034 (10/00)