

**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      Mailing Address

**7402 S DIXIE HIGHWAY**      **P.O. BOX 6955**  
**WEST PALM BEACH FL 33405**      **BLOOMINGTON IN 47407**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**31-1690753**       Not Applicable

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

DO NOT WRITE IN THIS SPACE

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)  
**307 N. Federal**

City      State      Zip Code  
**LAke Worth      FL      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 Jeff Mease      DATE 1-23-02

Signature, typed or printed name of registered agent and fee, 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, 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	PC	<input type="checkbox"/> Delete
NAME	<b>MEASE, JEFFREY L</b>	
STREET ADDRESS	<del><b>6600 S OLIVE AVE</b></del>	
CITY-ST-ZIP	<del><b>WEST PALM BEACH FL 33405</b></del>	
TITLE	STV	<input type="checkbox"/> Delete
NAME	<b>DARE, HELEN</b>	
STREET ADDRESS	<b>2372 WINDING BROOK CIR</b>	
CITY-ST-ZIP	<b>BLOOMINGTON IN 47401</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>HAMLIN, JEFFREY W</b>	
STREET ADDRESS	<b>314 E. 3RD</b>	
CITY-ST-ZIP	<b>BLOOMINGTON IN 47401</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>307 N. Federal</b>	
CITY-ST-ZIP	<b>LAke Worth, FL      33406</b>	
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 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: HELEN DARE Corp Sec      Date 1-23-02      Daytime Phone # 812-339-2056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)