

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90458 001 ***450.00

DOCUMENT # F92000000788

1. Entity Name

JLM INDUSTRIES, INC.

Principal Place of Business

Mailing Address

8675 HIDDEN RIVER PKWY.
 TAMPA FL 33637
 US

8675 HIDDEN RIVER PKWY.
 TAMPA FL 33637-2086
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1163710

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITE ESQ., JOHN T.
 8675 HIDDEN RIVER PARKWAY
 TAMPA FL 33637

Name

Maxwell Stoltzberg, Esq.

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

8675 Hidden River Parkway

City

Tampa

FL

Zip Code

33637

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

Maxwell Stoltzberg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-00

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP <input type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONALD, JOHN L	NAME	Sean D. Macdonald
STREET ADDRESS	8675 HIDDEN RIVER PKWY.	STREET ADDRESS	8675 Hidden River Parkway
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	TAMPA FL 33637
TITLE	DVT <input type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSTO, FRANK A	NAME	Walter Tapley
STREET ADDRESS	8675 HIDDEN RIVER PKWY.	STREET ADDRESS	8675 Hidden River Parkway
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	TAMPA FL 33637
TITLE	VPS <input type="checkbox"/> Delete	TITLE	
NAME	MOLINA, MICHAEL J	NAME	
STREET ADDRESS	8675 HIDDEN RIVER PKWY.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	
NAME	SATO, LINDA	NAME	
STREET ADDRESS	8675 HIDDEN RIVER PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	
NAME	LELEK, TED	NAME	
STREET ADDRESS	8675 HIDDEN RIVER PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	
NAME	WHITE, JOHN T.	NAME	
STREET ADDRESS	8675 HIDDEN RIVER PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/00

CR2E034 (9/99)