

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90148 006 ***150.00

DOCUMENT # G44902

1. Entity Name
JLCNDC, INC



Principal Place of Business
% NICOLE DINA COURRAT
100 SOUTH PARK BLVD., #106
ST. AUGUSTINE FL 32086-5171

Mailing Address
% NICOLE DINA COURRAT
100 SOUTH PARK BLVD., #106
ST. AUGUSTINE FL 32086-5171

2. Principal Place of Business
288 STATE ROAD 312

3. Mailing Address
288 STATE ROAD 312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE, FL

Zip
32084

Country

Zip
32084

Country

4. FEI Number
59-2297627

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COURRAT, NICOLE DINA
100 SOUTHPARK BLVD., #106
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name
NICOLE D. COURRAT
Street Address (P.O. Box Number is Not Acceptable)
288 STATE ROAD 312
City **ST. AUGUSTINE** FL Zip Code **32084**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X** **COURRAT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
COURRAT, NICOLE D ☐ Delete
284 SEAWOODS DR N
SAINT AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **SICOURRAT** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

904-824 0884

Date

Daytime Phone #

CR2E034 (10/02)