

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 30, 2001 8:00 am
Secretary of State

04-30-2001 90087 033 ***150.00

DOCUMENT # H90660

1. Entity Name
JLT PROPERTIES, INC.

Principal Place of Business US 1 PO BOX 510297 KEY COLONY BEACH FL 33051 US	Mailing Address US 1 PO BOX 510297 KEY COLONY BEACH FL 33051 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 360-12TH Street	3. Mailing Address P.O. Box 510297
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Key Colony Bch., FL	City & State Key Colony Bch., FL	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33051-0297	Country US	Zip 33051-0297	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TEVLIN, JOHN L
US 1 PO BOX 510297
KEY COLONY EACH FL 33051

7. Name and Address of New Registered Agent
 Name **Tevlin, John L.**
 Street Address (P.O. Box Number's Not Acceptable)
360-12TH Street
 City **Key Colony Bch., FL** Zip Code **33051-0297**

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 _____
Signature, typed or printed name of registered agent and UBR preparator. (NOTE: Registered Agent signature is required when re-registering.)

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 NAME STREET ADDRESS CITY-ST-ZIP	P TEVLIN, JOHN L. 11643 GROVE STREET N. SEMINOLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tevlin, John L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 360-12TH ST, Box 510297 Key Colony Bch., FL 33051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: John L. Tevlin Date: 3/26/01 305 743-9824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/000)