## **2000 UNIFORM BUSINESS REPORT (UBR)**

## May 01, 2000 8:00 am DOCUMENT # KOOO35 1. Entity Name Secretary of State JLM ENTERPRISES OF THE TREASURE COAST, INC. 05-01-2000 90023 041 \*\*\*158.75 Mailing Address Principal Place of Business 7313 WESTPORT PL 2925 NE DIXIE IMY 7313 WESTPORT PLA 2025 NE-CIXIE HAVEY WEST POIM BEALL WEST Palm Beach. STE-1000-STE 1000 JENSEN BEACH FL 94057 FL. 33413 JENSEN BEACH PL 34957 FL. 33413 2. Principal Place of Business 3. Mailing Address 7313 WEST PORT PL 7313 WEST PORT Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE ity & State Palm BEAL Applied For 4. FEI Number 65-0010842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACDEVITT MACDEVITT, TERRY L. ddress (P.O. Box Number is Not Acceptable) 872 NW SUNSET-DR STUART FL 34994 PAIM BEAR 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. APR:L 26, 2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRES. TITLE ☐ Delete TITLE TERRY L. MACDEVITT NAME MACDEVITT: TERRY L. 7313 WEST PORT PLACE STREET ADDRESS STREET ADDRESS 87<del>2 NW SUNSE</del>T DR WEST RAIM BEACH, FL. 33413 CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Delete VICE FrES, TITLE TITLE Fred LESTER NAME NAME 7313 WESTPORT PLACE STREET ADDRESS STREET ADDRESS WEST Palm BEACH, FL. 33413 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete Secretary TITLE TITLE NAME PAUL WATTER WORTH NAME STREET ADDRESS STREET ADDRESS 7313 WESTPORT PLACE WEST Rain BEAD, FL. 33413 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete Change □ Addition TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

FILED