

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K20860**

1. Entity Name

**JLB ENTERPRISES, INC.****FILED****May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90031 036 \*\*\*150.00

**00041425**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br><b>390 COLUMBIA DRIVE<br/>100<br/>WEST PALM BEACH FL 33409<br/>US</b> | Mailing Address<br><b>251 ROYAL PALM WAY<br/>PO BOX 2715. %MENDOZA, CALLAS. SCHILLING<br/>PALM BEACH FL 33480-2715</b> |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 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<br><b>65-0045096</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MENDOZA, CALLAS & SCHILLING  
251 ROYAL PALM WAY  
SIXTH FLOOR  
PALM BEACH FL 33480-1310**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL Zip Code  |

**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 title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|--|------|

**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, 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**

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | ST                  | <input type="checkbox"/> Delete |
| NAME           | NELSON, LAURA       |                                 |
| STREET ADDRESS | 251 ROYAL PALM WAY  |                                 |
| CITY-ST-ZIP    | PALM BEACH FL 33480 |                                 |
| TITLE          | P                   | <input type="checkbox"/> Delete |
| NAME           | BREEDLOVE, JAMES L. |                                 |
| STREET ADDRESS | 251 ROYAL PALM WAY  |                                 |
| CITY-ST-ZIP    | PALM BEACH FL 33480 |                                 |
| TITLE          | VP                  | <input type="checkbox"/> Delete |
| NAME           | DAVENPORT, TONY C   |                                 |
| STREET ADDRESS | 251 ROYAL PALM WAY  |                                 |
| CITY-ST-ZIP    | PALM BEACH FL 33480 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| 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    |  |   |
| 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: <i>Laura Nelson</i>                                     | 3-30-00 | 561-6838383     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date    | Daytime Phone # |

CR2E034 (9/99)