

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90039 047 ***150.00

DOCUMENT # **1K58978**

1. Entity Name

JALIN HOLDINGS, INC.

c/o JANE LINGMAN

21007 BUTCHER HOLLER-ESTERO-FL



33928-2208

DO NOT WRITE IN THIS SPACE

40017286

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21007 BUTCHER HOLLER

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ESTERO, FL.

City & State

4. FEI Number

650092340

Applied For

Not Applicable

Zip

33928-2208

Country

USA.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PRESIDENT
JANE LINGMAN
21007 BUTCHER HOLLER
ESTERO, FL. 33928-2208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **PRESIDENT: JANE LINGMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 31/05 (239) 495-0012

Date Daytime Phone #

CR2E034B (12/02)