

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90037 026 ***150.00

RECEIVED AT

DOCUMENT # L70767

1. Entity Name
J L S ENTERPRISES, INC.

Principal Place of Business

**8316 PREAKNESS DR.
 FLORENCE KY 41042
 US**

Mailing Address

**8316 PREAKNESS DR.
 FLORENCE KY 41042
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10653 MT Laurel Way

Suite, Apt. #, etc.

3. Mailing Address

10653 MT Laurel Way

Suite, Apt. #, etc.

City & State

Union KY

City & State

Union KY

4. FEI Number

65-0194316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTSON, JAMES W.
 5725 NW 100TH TERR
 CORAL SPRINGS FL 33076**

7. Name and Address of New Registered Agent

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 **Jim W. Robertson**

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-02

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, 2002 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 **PTD** ☐ Delete
 NAME **ROBERTSON, JAMES W.**
 STREET ADDRESS **10653 MT LAUREL WAY**
 CITY-ST-ZIP **UNION KY 41091**

TITLE **VSD** ☐ Delete
 NAME **ROBERTSON, LINDA C**
 STREET ADDRESS **10653 MT LAUREL WAY**
 CITY-ST-ZIP **UNION KY 41091**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

Jim W. Robertson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-02

Date

859-384-1016

Daytime Phone #

CR2E034 (9/01)