

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90486 001 ***150.00

DOCUMENT # L71359

1. Entity Name
J & L HOMES, INC.

Principal Place of Business
445-26 STATE RD 13, SUITE 347
JACKSONVILLE FL 32259

Mailing Address
445-26 STATE RD 13, SUITE 347
JACKSONVILLE FL 32259

2. Principal Place of Business

3. Mailing Address

PMB 467, 445 S.R. 13 N

PMB 467, 445 S.R. 13 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 20

Suite #20

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3007258

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, LARRY W.
445-26 STATE ROAD 13, STE. 347
JACKSONVILLE FL 32259

Name

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

PMB 467, 445 State Rd 13 N

Suite 20

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/19/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	JORDAN, LARRY	
STREET ADDRESS	2141 FOREST HOLLOW WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JORDAN, CARLA J.	
STREET ADDRESS	2141 FOREST HOLLOW WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROCKEFELLER, PAUL	
STREET ADDRESS	2141 FOREST HOLLOW WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
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	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grice, Daniel	
STREET ADDRESS	1315 Hildegarde Drive SE	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jordan, Stephen W.	
STREET ADDRESS	1703 Lee Rd.	
CITY-ST-ZIP	Jacksonville, FL 32259	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/19/02 (904) 838-7959

CR2E034 (9/01)