

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-18-2000 90119 025 ***150.00

DOCUMENT # L88703

1. Entity Name

J-LINZA ENTERPRISES, INC.

Principal Place of Business

255 E. MAIN STREET
 APOPKA FL 32703
 US

Mailing Address

POB 911
 APOPKA FL 32704-0911

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

148 BELLEWOOD AVE

Suite, Apt. #, etc.

City & State

City & State
S. DAYTONA, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

32119

VOLOSIA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARZA, JOHN G.
255 E MAIN ST
APOPKA FL 32703

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

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

TITLE: **PD** Delete
 NAME: **GARZA, JOHN G.**
 STREET ADDRESS: **1614 PATTON AVE**
 CITY-ST-ZIP: **APOPKA FL**

TITLE: **STD** Delete
 NAME: **GARZA, LINDA SUE**
 STREET ADDRESS: **1614 PATTON AVE**
 CITY-ST-ZIP: **APOPKA FL**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 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: **GARZA, JOHN G.**
 STREET ADDRESS: **148 BELLEWOOD AVE.**
 CITY-ST-ZIP: **S. DAYTONA, FL 32119**

TITLE: Change Addition
 NAME: **GARZA LINDA SUE**
 STREET ADDRESS: **148 BELLEWOOD AVE**
 CITY-ST-ZIP: **S. DAYTONA, FL 32119**

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

TITLE: Change Addition
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 CITY-ST-ZIP:

TITLE: Change 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John G. Garza

2/23/00



DO NOT WRITE IN THIS SPACE