

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91473 010 ***150.00

0505/83
 AV

DOCUMENT # L97454

1. Entity Name
JO LORI A CO.

Principal Place of Business
**1159 SW MIRROR LAKE COVE
 PORT ST. LUCIE FL 34986**

Mailing Address
**1159 SW MIRROR LAKE COVE
 PORT ST. LUCIE FL 34986**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2880 9th ST S.W.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VERO BEACH FL

City & State

4. FEI Number
65-0223916

Applied For
 Not Applicable

Zip
32968

Country
U.S.A.

Zip

Country

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

**ALFARANO, VINCENT
 1159 SW MIRROR LAKE GROVE
 PORT ST LUCIE FL 34986**

Name

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

1159 SW MIRROR LAKE COVE

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 *Vincent Alfarano*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/2002

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
PD
 NAME
ALFARANO, VINCENT
 STREET ADDRESS
1159 SW MIRROR LK.COVE
 CITY-ST-ZIP
PORT ST.LUCIE FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
VD
 NAME
ALFARANO, GLORIA
 STREET ADDRESS
1159 SW MIRROR LK.COVE
 CITY-ST-ZIP
PORT ST.LUCIE FL

☐ Delete

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 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Vincent Alfarano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2002 **772 871 0315**

Date

Daytime Phone #

CR2E034 (9/01)