

2002 UNIFORM BUSINESS REPORT (UBR)

0320485 AV

DOCUMENT # M47085

1. Entity Name
JENCOLS, INC.

FILED

02 DEC 23 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6741 W SUNRISE BLVD
SUITE 20
PLANTATION FL 33313
US

14801 SW 27 ST.
DAVIE FL 33331

2. Principal Place of Business

3. Mailing Address

1140 SW 127 TERR.
Suite, Apt. #, etc.

1140 SW 127 Terr
Suite, Apt. #, etc.

City & State

City & State

DAVIE, FL

DAVIE, FL

Zip

Country

Zip

Country

33325

Broward

33325

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTTAM, HAROLD A

14801 SW 27 ST.
DAVIE FL 33331

Name

Harold A. Cottam

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

1140 SW 127 Terr.

City

DAVIE

FL

Zip Code

33325

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

11/15/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
COTTAM, HAROLD A
14801 SW 27 ST.
DAVIE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
COTTAM, DEBORAH
14801 SW 27 ST.
DAVIE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Harold A. Cottam
1140 SW 127 Terr
DAVIE, FL 33325

Deborah Cottam
1140 SW 127 Terr
DAVIE, FL 33325

900009492569

12/12/02--01098--004 **\$550.00

12/23/02--01097--010 **\$200.00

900009492569

12/23/02--01097--010 **\$200.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/02 954-895-2577

REINSTATEMENT

CR2E034 (9/01)