2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000002112 DOCUMENT

1. Entity Name

JML ENTERPRISES, INC.



FILED Apr 10, 2003 8:00 am secretary of State

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04-10-20

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•	te of Business Mailing Address ACE BLVD STE. 2255 E FL 32207 Mailing Address 1301 RIVERPLACE BLVD STE. 2255 JACKSONVILLE FL 32207					55									
2. Principal P	Place of Business	spressway	6/6/	ling Address Aklingtan	Ex	1622 M	ay					FI 40 117 81 11			
Suite Apt.	#. etc. n uille FL 3	•		e, Apt. #, elc. Ksin ville	F(>	19//	,			CHECK	HERE	IF MAKIN	IG CHAN	GES	-
City & Stat		100011		& State	, , ,	2411		4 . F	El Number	59-36	24351				olied For
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	6. Name and	Address of Current F	Registere	ed Agent	100	U 941_		7. N	tame and A	ddress o	f New R	egistered	l Agent	<u> </u>	
						Name									
LABRATO,	, JOSEPH M 🌝	ا تعت ا	٠	-	-	Street A	ddress (F	O Bo	ox Number	is Not Acr	centable	1			
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SUITE 225	*6								l		•		•		
- JĄCKSON	VILLE FL 32207					City	rK.so.i	ل ۸	ille			F	Zip کن	Code	,
the obligat	named entîtŷ subnions of registered a	nits this statement for agent.	the purp	ose of changing its	s registere	ed office o		_		, in the Sta	ite of Flo	rida. I an	n familiar	with, a	and accept
1 83-															
SIĘNATURE.	Signature, typed of printe	d name of registered agent a	nd title if app	olicable. (NOT	E: Registere	d Agent signat	ure required	when rei	instating)			DATE			
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After		E IS \$150.00 e will be \$550.00 ida Department of	State							tion Camp t Fund Cor	-	-			May Be to Fees
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NAME	LABRATO, JOS	eph M		L DURIN	NAM								_	90	23784860
STREET ADDRESS	1301 RIVERPLACE BLVD., STE. 2255			STRE	et address	616	61 ARlington Express way OCKSONUILLE FL 32211								
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12. I nereby o	certify that the inforr	mation supplied with t	tnis tiling	does not qualify fo	r the exer	nption stat	ted in Sec	tion 1	i 19.07(3)(i),	Florida St	atutes. I	turther co	ertify that	the inf	ormation

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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/1/63 914 348 6 448
Date Daytime Phone #