

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90169 024 \*\*\*150.00

**DOCUMENT # P00000021818**

**1. Entity Name**  
**JOLA, INCORPORATED**

**Principal Place of Business**  
**4908 N W 34TH STREET**  
**SUITE 12**  
**GAINESVILLE FL 32605**

**Mailing Address**  
**4908 N W 34TH STREET**  
**SUITE 12**  
**GAINESVILLE FL 32605**

**2. Principal Place of Business**  
**4010 W. NEWBERRY ROAD**

**3. Mailing Address**  
**4010 W. NEWBERRY RD**

**Suite, Apt. #, etc.**  
**SUITE B**

**Suite, Apt. #, etc.**  
**SUITE B**

**City & State**  
**GAINESVILLE FLORIDA**

**City & State**  
**GAINESVILLE FLORIDA**

**Zip**  
**32607**

**Country**  
**ALACHUA**

**Zip**  
**32607**

**Country**  
**ALACHUA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **59-3627192**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OWENS, JACQUELINE**  
**4908 N W 34TH STREET**  
**SUITE 12**  
**GAINESVILLE FL 32605**

**7. Name and Address of New Registered Agent**

**Name** **JACQUELINE OWENS**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**4010 W. NEWBERRY ROAD, SUITE B**  
**City** **GAINESVILLE** **FL** **Zip Code** **32607**

**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** JACQUELINE OWENS Jacqueline Owens 3/4/2002  
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, 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**

<b>TITLE</b>	<b>PD</b>	<b>Delete</b>
<b>NAME</b>	<b>OWENS, JACQUELINE</b>	
<b>STREET ADDRESS</b>	<b>4908 N W 34TH STREET, SUITE 12</b>	
<b>CITY-ST-ZIP</b>	<b>GAINESVILLE FL 32605</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>JACQUELINE OWENS</b>	
<b>STREET ADDRESS</b>	<b>4010 W. NEWBERRY ROAD, SUITE B</b>	
<b>CITY-ST-ZIP</b>	<b>GAINESVILLE, FLORIDA 32607</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Jacqueline Owens **JACQUELINE OWENS** **3/4/02** **352-377-3430**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0063901 AV

CR2E034 (9/01)