

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91218 028 ***158.75

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DOCUMENT # P00000023265

1. Entity Name
JAHLUKA, INC.



Principal Place of Business
118 HOLLAND ROAD
ORMOAND BEACH FL 32176

Mailing Address
118 HOLLAND ROAD
ORMOAND BEACH FL 32176

11005473



2. Principal Place of Business
1780 STATE AVE.
Suite, Apt. #, etc.

3. Mailing Address
1780 STATE AVE.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
HOLLY HELL, FL.
Zip
32117
Country
USA

City & State
HOLLY HELL, FL.
Zip
32117
Country
USA

4. FEI Number 59-3649106

Applied For
Not Applicable

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

KOTZE, JACO
118 HOLLAND ROAD
ORMOAND BEACH FL 32176

Name
KOTZE, JACO
Street Address (P.O. Box Number is Not Acceptable)
1780 STATE AVE.
City
HOLLY HELL
FL
Zip Code
32117

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JACO KOTZE, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE 4/16/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KOTZE, JACO
STREET ADDRESS 118 HOLLAND ROAD
CITY-ST-ZIP ORMOAND BEACH FL 32176

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KOTZE, GERHARDUS D
STREET ADDRESS 1755 TOMKA FARM ROAD
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE VP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACO KOTZE, PRESIDENT

DATE 4/16/03

DAYTIME PHONE # 386-334-2680

CR2E034 (10/02)