

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90131 034 ***150.00

DOCUMENT # P00000038506

1. Entity Name
JILL-O-TRADES, INC.



Principal Place of Business
110 N ROLLING HILL ROAD
TAVERNIER FL 33070

Mailing Address
PO BOX 9570
TAVERNIER FL 33070

2. Principal Place of Business

3. Mailing Address

2175 Telogia CT

5000 LAKE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Palm Beach, FL

City & State
Lake Worth, FL

Zip

Country

Zip

Country

33411

US

33460

US

4. FEI Number 65-1002783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOHATCH, JOHN S ESQ
2600 DOUGLAS ROAD, PENTHOUSE 8
CORAL GABLES FL 33134

Name

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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME BUSCH, RICHARD C JR
STREET ADDRESS 110 N ROLLING HILL ROAD
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☐ Change ☐ Addition
NAME 5000 LAKE AVE
STREET ADDRESS Suite 135
CITY-ST-ZIP Lake Worth, FL 33460

TITLE D ☐ Delete
NAME BUSCH, LESLEY ANNE
STREET ADDRESS 110 N ROLLING HILL ROAD
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☒ Change ☐ Addition
NAME 5000 LAKE AVE
STREET ADDRESS Suite 135
CITY-ST-ZIP Lake Worth, FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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:

Lesley A Busch, Pres. 4-30-03 561 478-3778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)