

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90562 046 ***550.00

DOCUMENT # P000000041788

1. Entity Name

CJLC, INC.

DO NOT WRITE IN THIS SPACE

B0127003

2. Principal Place of Business

6671 W. Indianburn Rd

3. Mailing Address

6671 W. INDIANTOWN RD

Suite, Apt. #, etc.

Ste 56

Suite, Apt. #, etc.

Ste 56, PMB 195

City & State

JUPITER FL

City & State

JUPITER FL

Zip

33458

Country

USA

Zip

334583984 USA

Country

USA

4. FEI Number

65-1023174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CLAYTON FISCHER

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

SUITE 100

1562 Park Lane South

City

Jupiter

FL

Zip Code

33458

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]

CLAYTON FISCHER

7-1-02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D. P. SIT
FISCHER CLAYTON
1562 Park Lane South #100
Jupiter FL 33458

TITLE
NAME
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CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

CLAYTON FISCHER

7-1-02

561-743-0490 x100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/01)