

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042820

1. Entity Name

JES/LIN ENTERPRISES, INC.

Principal Place of Business

1533 STEVENS
DELAND FL 32720

Mailing Address

1533 STEVENS
DELAND FL 32720

2. Principal Place of Business

1645 W Beecroft Ave
Suite, Apt. #, etc.

3. Mailing Address

1645 W Beecroft Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DeLand FL

City & State

DeLand, FL

4. FEI Number

593642511

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32720

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBLE, JESSE
1533 STEVENS
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

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

1645 W Beecroft Ave

City

DeLand

FL

Zip Code

32720

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

Jesse R Coble

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	COBLE, JESSE	
STREET ADDRESS	1533 STEVENS	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COBLE, LINDA	
STREET ADDRESS	1533 STEVENS	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1645 W. Beecroft Ave	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1645 W Beecroft Ave	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesse R Coble

X Jan 10, 2001 X

Date

Daytime Phone #

904 822-5636

047509

CR2E034 (10/00)