

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

DOCUMENT # *P00000044701*

1. Entity Name

JILLN INC.



**FILED
Apr 28, 2003 8:00 am
Secretary of State**

04-28-2003 91297 048 ***150.00

DO NOT WRITE IN THIS SPACE

11023945

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
TAMPA FLORIDA

Suite, Apt. #, etc.

3. Mailing Address
3914 CORONA ST

Suite, Apt. #, etc.

City & State
TAMPA FLORIDA

City & State
TAMPA FLORIDA

Zip
33629

Zip
33629

Country
USA

Country
USA

4. FEI Number
59-3646877

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Jill Neidhardt**

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

3914 Corona St

City **Tampa** FL Zip Code **33629**

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.

Neidhardt
SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-24-03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

CR2E034B (12/02)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Jill Neidhardt
3914 Corona Street
TAMPA FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Neidhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

Daytime Phone #