

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060304

1. Entity Name

JLC 36-68, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90499 045 ***150.00

Principal Place of Business

4907 KLOSTERMAN OAKS BLVD.
PALM HARBOR FL 34683

Mailing Address

4907 KLOSTERMAN OAKS BLVD.
PALM HARBOR FL 34683

2. Principal Place of Business

1290 S. PASADENA AVE

3. Mailing Address

1290 S. PASADENA AVE

Suite, Apt. #, etc.

SOUTH PASADENA FL

Suite, Apt. #, etc.

SOUTH PASADENA FL

City & State

City & State

Zip

33707

Country

USA

Zip

33707

Country

USA

6. Name and Address of Current Registered Agent

COSTALAS, DEMETRIOS J
4907 KLOSTERMAN OAKS BLVD.
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

Demetrios Costalas

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

1290 S. PASADENA AVE.

City

S. PASADENA FL

FL

Zip Code

33707

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, 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 ☐ Delete

NAME D
STREET ADDRESS COSTALAS, DEMETRIO J
CITY-ST-ZIP 4907 KLOSTERMAN OAKS BLVD.
PALM HARBOR FL 34683

TITLE ☐ Delete

NAME D
STREET ADDRESS COSTALAS, CHRISTINE
CITY-ST-ZIP 4907 KLOSTERMAN OAKS BLVD.
PALM HARBOR FL 34683

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 1290 S. PASADENA AVE.
CITY-ST-ZIP S. PASADENA FL 33707

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 1290 S. PASADENA AVE.
CITY-ST-ZIP S. PASADENA FL 33707

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)