

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90024 015 ***150.00

DOCUMENT # P00000060304

1. Entity Name
JLC 36-68, INC.

Principal Place of Business
1290 S PASADENA AVE
SOUTH PASADENA FL 33707

Mailing Address
1290 S PASADENA AVE
SOUTH PASADENA FL 33707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3653348**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTALAS, DEMETRIOS J
1290 S PASADENA AVE
SOUTH PASADENA FL 33707

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12.

TITLE **D** ☐ Delete
NAME **COSTALAS, DEMETRIO J**
STREET ADDRESS **1290 S PASADENA AVE**
CITY-ST-ZIP **SOUTH PASADENA FL 33707**

TITLE **President**
NAME **Costalas, Demetrios**
STREET ADDRESS **2725 Countryside Blvd., #105**
CITY-ST-ZIP **Clearwater, FL 33761**

DIRECTORS IN 11
☒ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **COSTALAS, CHRISTINE**
STREET ADDRESS **1290 S PASADENA AVE**
CITY-ST-ZIP **SOUTH PASADENA FL 33707**

TITLE **Secretary**
NAME **Costalas, Christine**
STREET ADDRESS **735 N.E. 195th St.**
CITY-ST-ZIP **North Miami Beach, FL 33179**

☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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☐ Change ☐ Addition

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:

Demetrios Costalas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02 (727) 785-2149
 Date Daytime Phone #

CR2E034 (9/01)