

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90499 046 \*\*\*150.00

0425592

**DOCUMENT # P00000060323**

1. Entity Name  
**JLC 36-71, INC.**

Principal Place of Business  
**4907 KLOSTERMAN OAKS BLVD  
 PALM HARBOR FL 34683**

Mailing Address  
**4907 KLOSTERMAN OAKS BLVD  
 PALM HARBOR FL 34683**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5001 Gulf Blvd**

3. Mailing Address  
**5001 Gulf Blvd**

Suite, Apt. #, etc.  
**St. Pete Beach Fl.**

Suite, Apt. #, etc.  
**St. Pete Beach Fl.**

City & State  
**33706**

City & State  
**33706**

4. FEI Number  
**59-3653350**

Applied For  
 Not Applicable

Zip  
**USA**

Zip  
**USA**

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

**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)  
**5001 Gulf Blvd**  
 City **St. Pete Beach Fl** **FL** Zip Code **33706**

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 **Demetrios Costalas** **3-28-01**  
 Signature, typed or printed name of registered agent and title (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: ☐

**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 **D** ☐ Delete  
 NAME **COSTALAS, DEMETRIOS J**  
 STREET ADDRESS **4907 KLOSTERMAN OAKS BLVD**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete  
 NAME **COSTALAS, CHRISTINE**  
 STREET ADDRESS **4907 KLOSTERMAN OAKS BLVD**  
 CITY-ST-ZIP **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 **5001 Gulf Blvd**  
 STREET ADDRESS **St. Pete Beach Fl, 33706**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **5001 Gulf Blvd**  
 STREET ADDRESS **St. Pete Beach Fl 33706**  
 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

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: **Demetrios Costalas** **3-28-01** **727 738-0324**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)