

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90088 041 \*\*\*150.00

**DOCUMENT # P00000107235**

**1. Entity Name**  
**JLM PROGRAMS, INCORPORATED**

**Principal Place of Business**

**2648 RAVENALL AVE**  
**ORLANDO FL 32811**

**Mailing Address**

**2648 RAVENALL AVE**  
**ORLANDO FL 32811**

**2. Principal Place of Business**

**5728 MAJOR Blvd**  
 Suite Apt. #, etc.  
**210**

**City & State**  
**Orlando, FL**

**Zip**  
**32819**

**Country**  
**US**

**3. Mailing Address**

**5728 MAJOR Blvd.**  
 Suite Apt. #, etc.  
**210**

**City & State**  
**Orlando, FL**

**Zip**  
**32819**

**Country**  
**US**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **59-3468041**

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MONTGOMERY, JACQUELINE L**  
**2648 RAVENALL AVE**  
**ORLANDO FL 32811**

**7. Name and Address of New Registered Agent**

**Name**  
**JACQUELINE L. MONTGOMERY**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**5728 MAJOR Blvd., Suite 210**  
**City** **Orlando** **FL** **Zip Code** **32819**

**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** *Jacqueline L. Montgomery* **4/30/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, JACQUELINE L		NAME		
STREET ADDRESS	2648 RAVENALL AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, MARVIN J		NAME		
STREET ADDRESS	2648 RAVENALL AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *Jacqueline L. Montgomery* **SIGNATURE REQUIRED** **4/30/02** **(407) 264-9660**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)