

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90142 026 ***150.00

DOCUMENT # P01000042247	
1. Entity Name JLM ENTERPRISES, INC.	

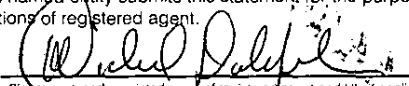
Principal Place of Business 8425 W. HILLSBOROUGH AVE. TAMPA FL 33615	Mailing Address 8425 W. HILLSBOROUGH AVE. TAMPA FL 33615
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

☐ CHECK HERE IF MAKING CHANGES	
4. FEI Number 59-3712062	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DASKALOPOULOS, JOANN 8425 W. HILLSBOROUGH AVE. TAMPA FL 33615

7. Name and Address of New Registered Agent Name: Michael P. Daskalopoulos Street Address (P.O. Box Number is Not Acceptable): 8425 W. Hillsborough Ave City: Tampa FL Zip Code: 33615
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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. SIGNATURE:  DATE: 5/1/03 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE: PD NAME: DASKALOPOULOS, JOANN STREET ADDRESS: 8425 W. HILLSBOROUGH AVE. CITY-ST-ZIP: TAMPA FL 33615 ☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE:  Michael P. Daskalopoulos DATE: 5/1/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #
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CFR2034 (10/02)