

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90003 045 ***150.00

0565784 AV

DOCUMENT # P01000058944

1. Entity Name
JDL PROPERTIES, INC.

Principal Place of Business
**5951 N.W. BRENDA CIRCLE
 PORT ST. LUCIE FL 34986**

Mailing Address
**5951 N.W. BRENDA CIRCLE
 PORT ST. LUCIE FL 34986**

2. Principal Place of Business

3. Mailing Address

P.O. Box 12757

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE FL

Zip

Country

34979-2757

Country

4. FEI Number

65-1114279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LOVELL, GERALD
 5951 N.W. BRENDA CIRCLE
 PORT ST. LUCIE FL 34986**

7. Name and Address of New Registered Agent

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

Gerald Lovell **GERALD LOVELL, PRESIDENT**

DATE

01/04/02

9. This corporation is eligible to submit 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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	GERALD LOVELL
CITY-ST-ZIP	5951 NW BRENDA CIRCLE PORT ST. LUCIE, FL 34986-3637
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE-PRESIDENT/TREASURER
STREET ADDRESS	DEBRA W. LOVELL
CITY-ST-ZIP	5951 NW BRENDA CIR. PORT ST. LUCIE, FL 34986-3637
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	LORI L. LAUX
CITY-ST-ZIP	5230 SUGAR MAPLE COURT N. LAS VEGAS, NV 89031
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gerald Lovell **GERALD LOVELL**

01/04/02

561-529-3170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)