

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90091 012 ***150.00

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1. Entity Name
JDL PROPERTIES, INC.

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

Mailing Address
**P.O. BOX 12757
FORT PIERCE FL 34979-2757**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1114279**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LOVEU, GERALD	
STREET ADDRESS	5451 NW BRENDA CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986-3637	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LOVEU, DEBRA W	
STREET ADDRESS	5951 NW BRENDA CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986-3637	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAUX, LORI	
STREET ADDRESS	5230 SUGAR MAPLE COURT	
CITY-ST-ZIP	NORTH LAS VEGAS NV 89031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, GERALD	
STREET ADDRESS	5951 NW BRENDA CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986-3637	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, DEBRA W	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
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		

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.

SIGNATURE: *Maell...* **SIGNATURE REQUIRED** **1-7-03** **772-785-5932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)