

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2002 8:00 am**
Secretary of State

04-30-2002 90074 043 ***150.00

DOCUMENT # P01000059645**1. Entity Name**
JAROL INVESTMENTS, INC.**Principal Place of Business****PO BOX 491730**
LEESBURG FL 34748**Mailing Address****PO BOX 491730**
LEESBURG FL 34748**2. Principal Place of Business****1326 North Blvd. W.**

Suite, Apt. #, etc.

Suite 7**3. Mailing Address****1326 North Blvd., W.**

Suite, Apt. #, etc.

Suite 7

City & State

Leesburg, FL 34748-3997

City & State

Leesburg, FL 34748-3997

Zip

34748

Country

USA

Zip

34748-3997

Country

USA**4. FEI Number****59-3725053**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****GREGG, JAMES R**
1326 W. NORTH BLVD.
LEESBURG FL 34748**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**

Signature, typed or printed name of registered agent and title if 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. ☐
(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	D <input type="checkbox"/> Delete
NAME	GREGG, JAMES R
STREET ADDRESS	2932 PORTOBELLO AVENUE
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	D <input type="checkbox"/> Delete
NAME	GREGG, CARROLL Z
STREET ADDRESS	2932 PORTOBELLO AVENUE
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	D <input type="checkbox"/> Delete
NAME	HART, CAROL GREGG
STREET ADDRESS	706 N RIDE
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	D <input type="checkbox"/> Delete
NAME	MARSHALL, SUSAN GREGG
STREET ADDRESS	4245 GLENGARY CT
CITY-ST-ZIP	ATLANTA GA 30342
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	
STREET ADDRESS	
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
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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:****James R. Gregg**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-02

Date

352-787-4434

Daytime Phone #

CR2E034 (9/01)