

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90209 006 \*\*\*550.00

**DOCUMENT # P01000078527**

1. Entity Name  
**JALIN ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**16520 SOUTH TAMiami TRAIL NO 18-174 16520 SOUTH TAMiami TRAIL NO 18-174**  
**FORT MYERS FL 33908 FORT MYERS FL 33908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65 112 81 31** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**LOTES, KEVIN R ESQ.**  
**5801 PELICAN BAY BOULEVARD**  
**SUITE 300**  
**NAPLES FL 34108-2709**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

**DIRECTOR / PRESIDENT**  
**KENNETH R. TRAINHAM**  
**16520 S. TAMiami TR 18-174**  
**FT. MYERS FL 33908**

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

*Kenneth R. Trainham*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-3-02 (239) 985-8519**  
 Date Daytime Phone #

CR2E034 (4/02)