

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90384 001 ***163.75

FILED
 APR 23 2002
 AV

DOCUMENT # P01000090508

1. Entity Name
JLS HAULING, INC.

Principal Place of Business
1613 DONEGAN AVE
KISSISSMEE FL 34741

Mailing Address
1613 DONEGAN AVE
KISSISSMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1613 W DONEGAN AVE
 Suite, Apt. #, etc.

3. Mailing Address
1613 W DONEGAN AVE
 Suite, Apt. #, etc.

City & State
KISSIMMEE FL

City & State
KISSIMMEE FL

4. FEI Number
593 74 7718

Applied For
 Not Applicable

Zip
FL 34741

Country
OSCEOLA

Zip
FL 34741

Country
OSCEOLA

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

6. Name and Address of Current Registered Agent

SANKAR, SANDRA A
1613 DONEGAN AVE
KISSISSMEE FL 34741

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: _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANKAR, SANDRA A 1613 DONEGAN AVE KISSISSMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SANDRA A SANKAR 1613 W DONEGAN AVE KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: Sandra Sankar **SANDRA SANKAR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
04.10.02, 407 847 2341
 Date Daytime Phone #

CR2E034 (9/01)