

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90144 043 ***150.00

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DOCUMENT # P01000090508

1. Entity Name
JLS HAULING, INC.



Principal Place of Business
**1613 W. DONEGAN AVE
KISSISSMEE FL 34741**

Mailing Address
**1613 W. DONEGAN AVE
KISSISSMEE FL 34741**



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 **59-3747718**

Applied For
Not Applicable

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

**SANKAR, SANDRA A
1613 DONEGAN AVE
KISSISSMEE FL 34741**

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

11125 Laxton St
City Orlando

FL Zip Code 32824

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 SANDRA SANKAR
Signature, typed or printed name of registered agent and title if applicable.

Sandra Sankar
(NOTE: Registered Agent signature required when reinstating)

9/3/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **D** ☐ Delete
NAME **SANKAR, SANDRA A**
STREET ADDRESS **1613 DONEGAN AVE**
CITY-ST-ZIP **KISSISSMEE FL 34741**

TITLE **D- President** ☒ Change ☐ Addition
NAME **SANDRA SANKAR**
STREET ADDRESS **11125 LAXTON ST**
CITY-ST-ZIP **ORLANDO FL Zip 32824**

TITLE **P** ☐ Delete
NAME **SANKAR, SANDRA A**
STREET ADDRESS **1613 W. DONEGAN AVE.**
CITY-ST-ZIP **KISSISSMEE FL 34741**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED** SANDRA SANKAR 9-3-03 407 855 2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/17/03

Attachment
86145308
PO1000090508

11125 Laxton St

Orlando FL

32824

9/3/03

Dear Sir/Madam,

I did not received
the last letter. I have move
and my address have change.

I just received this letter and
I'm enclosing \$150.00

Thank you

Sandra Sankar