

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90142 004 \*\*\*150.00

DOCUMENT # P01000094900

1. Entity Name

JL SPORTS, INC.

**DO NOT WRITE IN THIS SPACE**

60013547

2. Principal Place of Business

2211 N. 37<sup>TH</sup> AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

4. FEI Number

65-1147798

Applied For

Not Applicable

Zip

33021

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH A. CASACCI, ESQ.

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

1000 S. ANDREWS AVENUE

City

FT. LAUDERDALE FL

Zip Code

33316

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
STREET ADDRESS  
CITY-ST-ZIP  
P.D.  
JOCELYN GUEVREHONT  
227 GARDEN COURT - APT. 1  
LAUDERDALE BY THE SEA, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP, T.S.D.  
LOUISE RAYMOND  
2211 N. 37<sup>TH</sup> AVENUE  
HOLLYWOOD, FL 33021

TITLE  
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CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOCELYN GUEVREHONT 2/24/03 BY - 229-6040

Date

Daytime Phone #