

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90235 042 ***150.00

DOCUMENT #

1. Entity Name
JEL CONSULTANTS, INC.
P01000095316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
732 E. 7th AVE
Suite, Apt. #, etc.

3. Mailing Address
732 E. 7th AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE, FL.

City & State
TALLAHASSEE, FL.

4. FEI Number
30-0068587

Applied For
Not Applicable

Zip
32303

Country
U.S.

Zip
32303

Country
U.S.

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

7. Name and Address of Current Registered Agent

Name
JIM DOLSON, JR

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

732 E. 7th AVE

City
TALLAHASSEE

FL Zip Code
32303

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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, T
JIM DOLSON, JR
732 E. 7th AVE
TALLAHASSEE, FL. 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ELIZABETH DOLSON
732 E. 7th AVE
TALLAHASSEE, FL. 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: **JIM DOLSON, JR**
JF Dolson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
Date

850-222-5752
Daytime Phone #

CR2E034B (12/01)