

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90054 045 ***150.00

DOCUMENT # P01000114983

1. Entity Name
JOLO L. ENTERPRISES, INC.

Principal Place of Business
**3530 SE HAWTHORNE RD
GAINESVILLE FL 32641**

Mailing Address
**3530 SE HAWTHORNE RD
GAINESVILLE FL 32641**



2. Principal Place of Business
3530 SE Hawthorne Rd
Suite, Apt. #, etc.

3. Mailing Address
3530 SE Hawthorne Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Gainesville, Florida
Zip
32641
Country
Alachua

City & State
Gainesville
Zip
32641
Country
Alachua

4. FEI Number
04-3627982
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RENTZ, JOSEPH SR
3530 SE HAWTHORNE RD
GAINESVILLE FL 32641**

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

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 \$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	<input type="checkbox"/> Delete
PTD	RENTZ, JOSEPH SR	3530 SE HAWTHORNE RD	GAINESVILLE FL 32641	<input type="checkbox"/>
V	RENTZ, LARRY	3530 SE HAWTHORNE RD	GAINESVILLE FL 32641	<input type="checkbox"/>
S	RENTZ, LORENE	3530 SE HAWTHORNE RD	GAINESVILLE FL 32641	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #