

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115905

1. Entity Name
JLD COMMUNICATIONS, INC.

Principal Place of Business
2828 CHARMONT DRIVE
APOPKA FL 32703

Mailing Address
2828 CHARMONT DRIVE
APOPKA FL 32703

2. Principal Place of Business
2828 CHARMONT DRIVE
Suite, Apt. #, etc.

3. Mailing Address
3940 MONTCLAIR RD #201
Suite, Apt. #, etc.

City & State
APOPKA FL

City & State
BIRMINGHAM, AL

Zip Country
32703 SEMINOLE

Zip Country
35213 JEFFERSON

4. FEI Number
90-0006689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELLINGER, LANNY
2828 CHARMONT DRIVE
APOPKA FL 32703

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

TITLE NAME PRESIDENT
JOSHUA DEVINNEY
STREET ADDRESS 2010 OLD MONTGOMERY HIGHWAY STEP
CITY-ST-ZIP HOOPER, AL 35244 ☐ Delete

TITLE NAME VP-SEC-TREAS.
LANNY DELLINGER
STREET ADDRESS 2828 CHARMONT
CITY-ST-ZIP APOPKA, FL 32703 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Joshua Devinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02
Date

205-875-1183
Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-08-2002 90097 015 ***150.00

33304

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)