

Amended

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P02000070802

1. Entity Name
JSL PROPERTIES, INC.



Principal Place of Business
314 N MARION AVE
LAKE CITY, FL 32055

Mailing Address
RT. 2 BOX 363-16
LAKE CITY, FL 32024

2. Principal Place of Business

3. Mailing Address
314 N. Marion Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lake City, FL 32055



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

30-0109232

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUDWIG & BUNN-PA
5160 BELFORT RD. S., BLDG. 600
JACKSONVILLE, FL 32256

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. I am familiar with, and except the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
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

TITLE P
NAME HAIR, JAMES L II
STREET ADDRESS RT. 2 BOX 363-16
CITY-ST-ZIP LAKE CITY, FL 32024 ☐ Delete

TITLE S
NAME PASTOR, CHRIS
STREET ADDRESS RT 21 BOX 3066
CITY-ST-ZIP LAKE CITY, FL 32024 ☒ Delete

TITLE T
NAME TYRE, JEFFREY R
STREET ADDRESS 403 BRADY CIRCLE
CITY-ST-ZIP LAKE CITY, FL 32055 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500020681175
06/09/03--01054--002 **\$1.25

TITLE S
NAME Judy L. Hair
STREET ADDRESS 314 N. Marion Avenue
CITY-ST-ZIP Lake City, FL 32055 ☒ Change ☐ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Hair, II - President 5-27-03 31752-7277

Date

Daytime Phone #

CR2E034 (10/02)

6/10