

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90381 039 ***150.00

DOCUMENT # P02000130000

1. Entity Name
JLW, INC. OF COLLIER COUNTY



90120762

Principal Place of Business
P.O. BOX 434
MARCO ISLAND, FL 34146

Mailing Address
P.O. BOX 434
MARCO ISLAND, FL 34146

2. Principal Place of Business
P.O. Box 434
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 434
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Marco Island, FL
Zip
34146
Country
Collier

City & State
Marco Island, FL
Zip
34146
Country
Collier

4. FEI Number
043721034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOZNAK, JENNIFER L
950 N COLLIER BLVD STE 308
MARCO ISLAND, FL 34146

7. Name and Address of New Registered Agent

Name
Jennifer L. Wozniak
Street Address (P.O. Box Number is Not Acceptable)
583 Tallwood St. # 102
City
Marco Island FL Zip Code
34145

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 accept 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 reinstating)

4/30/03
DATE

FILE NOW!!! FEE IS \$150.00
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	DPST	<input type="checkbox"/> Delete
NAME	WOZNAK, JENNIFER L	
STREET ADDRESS	P.O. BOX 434	
CITY-STATE-ZIP	MARCO ISLAND, FL 34146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

4/30/03 2396426888
Date Daytime Phone #

CR2E034 (10/02)