

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90013 014 ***150.00

DOCUMENT # P03000004254

1. Entity Name

JIM VAN BORTLE ENTERPRISES, INC.



Principal Place of Business

5540 NW 61 ST APT 432
COCONUT CREEK, FL 33073

Mailing Address

5540 NW 61 ST APT 432
COCONUT CREEK, FL 33073

34073110

2. Principal Place of Business

5470 N LYONS RD

Suite, Apt. #, etc.
APT 201

City & State

COCONUT CREEK FL

Zip
33073

Country
US

3. Mailing Address

PO BOX 667283

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip
33066

Country
US



09282004

Chg-P

CR2E034 (10/03)

4. FEI Number

02-0664990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN P
2499 GLADES RD STE 305A
BOCA RATONEEK, FL 33431

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 accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VAN BORTLE, JAMES
STREET ADDRESS 5540 NW 61 ST APT 432
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-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:

James Van Bortle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/04 954-650-1612
Date Daytime Phone #