2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan		i V						<u></u>	-	
JLR OF INDIANA, INC.						FILED				
Principal Place of Business Mailing Address					00 JUL 25 PM 4: 25					
100 CESSNA BI Ste. I	LVD.				SECRE	TARY OF	STAT	E.	_,	
DAYTONA BEACH FL 32124 6859 US US										
2. Principal F	Place of Business #, etc.	3. Mailing Address 141 Hces (1) Au Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	form B. G. 7L	Oiva State Bantonia Ba	L. F	-L.	4. FEI Numb	³⁵⁻¹⁴⁴³ 164			plied For Applicable]
Zip y	Country		Country		5, -Certificate	of Status Desired -	- ∑ \$8. Fee	75 Addit Required	tional	}-
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										7
100 (SUIT	TH, JAMES H CESSNA BLVD. E I FONA BEACH FL 32124			Street Address (P.O. Box Mymber is Not Acqeptable) Property Track						- - -
			City	N PY		Roh		Sip Code 32	124	4
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							<u>}-00</u>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible After MAY 1, 2 Make Check Paya			Fee will t	e \$550.00	te Tri	ection Campaign Final ust Fund Contribution.	_ 🗆	Added	May Be to Fees	
11.	OFFICERS AND D		12.	- 0	ADDITIONS	CHANGES TO OFFIC				6
TITLE NAME STREET ADORESS	PD			NAME STREET ADDRESS 1993 Prey pl tree ct					☐ Addition	CR2E034 (9/99)
CITY-ST-ZIP	DAYTONA BEACH FL				Day ton.	m Ber +			☐ Addition	18
NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, RYAN 100 CESSNA BLVD DAYTONA-BEACH FL	TITLE NAME STREET ADDR CITY-ST-ZIP	" ^{""} 14	Addition of Smith Brange Addition of Appen of Smith Branch Addition of						
TITLE NAME STREET ADDRESS	. ,	☐ Delete	TITLE NAME STREET AGOI	TESS	T			Change	Addition	
CITY-ST-ZIP		· 	CITY-ST-ZIP			<u> </u>	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete	TITLE NAME STREET ADDR	1				Change LS	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	1. 1.	☐ Deleta	TITLE NAME STREET ADOR					Change	Addition	
13. I hereby certify that the information supplied with this filling 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 ampowered.										
SIGNATURE BIGHATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Data Data										
L 						. <u>. </u>			·	7