2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # **P95000031920** 1. Entity Name JLD OF CENTRAL FLORIDA, INC. 01-27-2000 90084 009 ***150.00 Principal Place of Business Mailing Address 1608 BOOTH DR 1608 BOOTH DR SEBRING FL 33872-5718 SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0578298 Not Applicable Zip Zip Country Country \$8.75-Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STATLER, PHILLIP W Street Address (P.O. Box Number is Not Acceptable) 1119 US HWY 27 S. SEBRING FL 33870 City his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named e SIGNATURE (NOTE: Registered Agent signature required when reinstating) eldesilges it ethi one meas beret FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **VPS** Change ☐ Addition TITLE ☐ Delete TITLE DALKE, LINDA R NAME STREET ADDRESS STREET ADDRESS **1608 BOOTH DR** CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 ☐ Change Addition Delete TITLE TITLE DALKE, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 1608 BOOTH DR CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MAME

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 foue 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 trusteger bowered 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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-708

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Delete

1-21-00

382-336

☐ Change

☐ Change

☐ Addition

Addition

Daytime