

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90062 041 \*\*\*150.00

**DOCUMENT # P97000079700**

1. Entity Name

JLB, INC.

Principal Place of Business

20719  
 20719 HWY 331 S  
 FREEPORT FL 32439

Mailing Address

PO BOX 2427  
 SANTA ROSA BEACH FL 32459

2. Principal Place of Business

615 Bob Sikes Road

3. Mailing Address

P.O. Box 5431

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

City & State

Destin, FL

Zip

32435

Country

Zip

32540

Country

4. FEI Number

59-3469693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BRUNSMAN, STEVEN W  
 20719 HWY 3315  
 FREEPORT FL 32439

7. Name and Address of New Registered Agent

Name

Tom L. Crowe

Street Address (P.O. Box Number is Not Acceptable)

306 East Hickory Avenue

City

Crestview

FL

Zip Code

32536

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 Tom L. Crowe

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

Tom L. Crowe

(NOTE: Registered Agent signature required when reinstating)

05/20/02

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☒  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
 NAME BRUNSMAN, STEVEN W  
 STREET ADDRESS PO BOX 2427  
 CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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

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 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 empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02

Date

(850) 835-2209

Daytime Phone #

CR2E034 (9/01)