

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087685

1. Entity Name

JSL AUTOMOTIVE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90048 024 ***150.00

Principal Place of Business

20 NORTH ORANGE AVENUE
SUITE 1000
ORLANDO FL 32801-4626

Mailing Address

~~20 NORTH ORANGE AVENUE~~
~~SUITE 1000~~
~~ORLANDO FL 32801-4626~~

2. Principal Place of Business

3. Mailing Address

3801 W. Sunrise Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft. Lauderdale, FL

Zip

Country

Zip

Country

33311

4. FEI Number

65-0787140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHRIES, J G
20 NORTH ORANGE AVENUE
SUITE 1000
ORLANDO FL 32801-4626

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, PHILIP P	
STREET ADDRESS	3801 W. SUNRISE BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUTTER, JON	
STREET ADDRESS	3801 W. SUNRISE BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEGROFF, D	
STREET ADDRESS	3801 W. SUNRISE BLVD.	
CITY-ST-ZIP	FT LAUD FL 33311	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LIU, TAK	
STREET ADDRESS	200 E. SUNRISE BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	DAYHOFF, MICHAEL R	
STREET ADDRESS	3801 W. SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DAYHOFF, MICHAEL R	
STREET ADDRESS	3801 W. SUNRISE BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

TITLE	D VP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Dayhoff

Date

Daytime Phone #

954-583-1234

CR2E034 (9/99)