

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091447

1. Entity Name

J.W.L.M. INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90022 050 ***150.00

Principal Place of Business

Mailing Address

800 CONNECTICUT AVENUE
ST. CLOUD FL 34769

818 CONNECTICUT AVENUE
ST. CLOUD FL 34769-3237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3080 Michigan Ave.

818 CONNECTICUT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

City & State

City & State

KISSIMMEE FLORIDA

ST. CLOUD FLORIDA

Zip

Country

Zip

Country

34744

OSCEOLA

34769-3237

OSCEOLA

4. FEI Number

59-3473463

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPS
LOGAN, JOHN
818 CONNECTICUT AVE
ST CLOUD FL 34769 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

5 FEB 2000 1-407-957-7580

CR2E034 (9/99)