2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001344

1. Entity Name

J Y L A, INC.

FILED

00 MAR 14 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
BLUFFTON DR. FL 32224	2493 BLUFFTON DR. JACKSONVILLE FL 32224-3887

2. Principal Place of Business	3. Mailing Address
12777-28 ATLANTIC BLV	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKONVILLE Fl.	City & State
Zip: 32225 Country: DUVAL	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: ~~APPLIED FOR~~ Not Applicable ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

Jesus out

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORTA, JESUS 2493 BLUFFTON DR. JACKSONVILLE FL 32224	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: PS ☐ Delete NAME: ORTA, JESUS STREET ADDRESS: 2493 BLUFFTON DR. CITY-ST-ZIP: JACKSONVILLE FL 32224	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VT ☐ Delete NAME: ORTA, YESSENIA STREET ADDRESS: 2493 BLUFFTON DR. CITY-ST-ZIP: JACKSONVILLE FL 32224	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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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 REQUIRED — 5 JAN 2000 — 904 221 1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E022 (10/00)