

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026517

1. Entity Name

JIL COMPUTER INFORMATION SYSTEMS AND ACCOUNTING

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90041 031 ***150.00

Principal Place of Business

3860 NW 102 AVE
CORAL SPRINGS FL 33020
US

Mailing Address

3860 NW 102 AVE
CORAL SPRINGS FL 33020
US

644926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0822747

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALTERS, SANDRA J
3860 NW 102 AVE
CORAL SPRINGS FL 33065

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

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

SANDRA J. WALTERS - President 04/19/01

(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, 2001 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 | <input type="checkbox"/> Delete |
|-----------|--------------------|-----------------|-------------------------|---------------------------------|
| VP | WALTERS, ORAL ST P | 3860 NW 102 AVE | CORAL SPRINGS FL 33065 | <input type="checkbox"/> |
| President | Sandra J. Walters | 3860 NW 102 Ave | Coral Springs, FL 33065 | <input type="checkbox"/> |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E034 (10/00)