

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000088047**

1. Entity Name
JLS RESOURCES, INC.

Principal Place of Business
**4015 NORTHWEST 59TH STREET
COCONUT CREEK FL 33073**

Mailing Address
**4015 NORTHWEST 59TH STREET
COCONUT CREEK FL 33073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01

4. FEI Number **65-0871170**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BRYANT, JIM
4015 NW 59 ST
COCONUT CREEK FL 33073**

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 *Jim Bryant*

(NOTE: Registered Agent signature required when reinstating)

9/12/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** Delete
NAME **BRYANT, JAMES A**
STREET ADDRESS **4015 NORTHWEST 59TH STREET**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE Change Addition
NAME **400004618304-8**
STREET ADDRESS **-10/01/01--01072--003**
CITY-ST-ZIP ******750.00 ****750.00**

TITLE **STD** Delete
NAME **BRYANT, LILA M**
STREET ADDRESS **4015 NORTHWEST 59TH STREET**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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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: *Jim Bryant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01 (954) 421-7177
DATE DAYTIME PHONE #

0032119 AV

CR2E034 (5/01)