

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

3/02

05-10-2002 90024 014 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P98000100200**

1. Entity Name  
**JLC 36-126, INC.**

Principal Place of Business  
**22906 US HWY 19 NORTH  
 CLEARWATER FL 33765-1883  
 US**

Mailing Address  
**22906 US HWY 19 NORTH  
 CLEARWATER FL 33765-1883  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3545789**

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

**CORPORATION SERVICE  
 COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

Name  
**JLC 36-IHOP**  
 Street  
**2725 Countryside Blvd.**  
 Unit #105  
 City  
**Clearwater, FL 33761**  
 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]*

**DEMETRIOS COSTALAS, PRESIDENT**

**3-26-02**

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

(NOTE: Registered Agent signature required when reappointing)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD COSTALAS, CHRISTINE 4907 KLOSTERMAN OAKS BLVD PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DEMETRIOS, COSTALAS 4907 KLOSTERMAN OAKS DR PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Costalas, Christine 735 N.E. 195th St. North Miami Beach, FL 33179</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Costalas, Demetrios 2725 Countryside Blvd., #105. Clearwater, FL 33761</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*

**Demetrios Costalas 3-26-02**

**(727) 785-2149**

Signature and typed or printed name of signing officer or director

Date Daytime Phone #

CFR2E034 (9/01)

Attachment



37296

6-26-02

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 6, 2002

JLC 36-126, INC.  
22996 US HYW 19 NORTH  
CLEARWATER, FL 33765-1863 US

Subject: JLC 36-126, INC.

Reference Number:

P98000100200

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

5/10/02 Deposit # 90024-014 \$150.00

Florida law does not allow an entity to serve as its own registered agent. Designate a registered agent, other than the entity, with a street address in Florida. The agent must sign if this is a change from the registered agent previously filed with this office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

6/25/02 (850) 245-6059

/TM  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314