

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90024 022 \*\*\*150.00

0548032 AV

**DOCUMENT # P98000100201**

1. Entity Name  
**JLC 36-146, INC.**

Principal Place of Business  
**40050 US HIGHWAY 19 NORTH  
 TARPON SPRINGS FL 34689  
 US**

Mailing Address  
**40050 US HIGHWAY 19 NORTH  
 TARPON SPRINGS FL 34689  
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3545788**

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  
**DEMETRIOS COSTALAS**  
 Street  
**JLC 36-146**  
**40050 US HIGHWAY 19 NORTH**  
 City  
**TARPON SPRINGS, FL 34689**  
 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 **DEMETRIOS COSTALAS, PRESIDENT** **3-26-02**  
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, 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

12.

TITLE ☐ Delete  
 NAME **PD COSTALAS, DIMITRIOS**  
 STREET ADDRESS **40050 US HIGHWAY 19 NORTH**  
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Change ☐ Addition  
 NAME **President**  
 STREET ADDRESS **Costalas, Demetrios**  
 CITY-ST-ZIP **2725 Countryside Blvd., #105**  
**Clearwater, FL 33761**

TITLE ☐ Delete  
 NAME **VTD COSTALAS, CHRISTINE**  
 STREET ADDRESS **2725 COUNTRYSIDE BLVD, #105**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition  
 NAME **Secretary**  
 STREET ADDRESS **Costalas, Christine**  
 CITY-ST-ZIP **735 N.E. 195th St.**  
**North Miami Beach. FL 33179**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

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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: **Demetrios Costalas** **3-26-02 (727) 785-2149**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)