

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103814

1. Entity Name  
JPLN, INC.

Principal Place of Business Mailing Address  
3904 LONG LEAF DRIVE 3904 LONG LEAF DRIVE  
MELBOURNE FL 32940 MELBOURNE FL 32940

2. Principal Place of Business 2447 N Wickham Rd  
3. Mailing Address 2447 N Wickham Rd

Suite, Apt. #, etc. 149 Suite, Apt. #, etc. 149

City & State Melbourne FL City & State Melbourne FL

Zip 32935 Country US Zip 32935 Country US

4. FEI Number 59-3547233

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NOTO, LENA  
3904 LONG LEAF DRIVE  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name Paul Voss  
Street Address (P.O. Box Number is Not Acceptable)  
1260 SE 3rd CT # 6  
City Deerfield Beach FL Zip Code 33441

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 Paul Voss Paul Voss 3/09/01  
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, 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

TITLE DPST  
NAME NOTO, LENA  
STREET ADDRESS 3904 LONG LEAF DRIVE  
CITY-ST-ZIP MELBOURNE FL 32940 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST  
NAME John Parisi  
STREET ADDRESS 1260 SE 3rd CT # 7  
CITY-ST-ZIP Deerfield Beach, FL 33441 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: John Parisi 3/15/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 21, 2001 8:00 am  
Secretary of State  
03-21-2001 90006 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)