

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90081 015 ***150.00

DOCUMENT # P99000046315**1. Entity Name**
J. L. DEBAY, INC.**Principal Place of Business**
5114 OKEECHOBEE BLVD
SUITE 104
WEST PALM BEACH FL 33417**Mailing Address**
5114 OKEECHOBEE BLVD.. SUITE 104
WEST PALM BEACH FL 33417**2. Principal Place of Business**
4524 GUN CLUB ROAD**3. Mailing Address**
4524 GUN CLUB ROAD**Suite, Apt. #, etc.**
SUITE 208**Suite, Apt. #, etc.**
SUITE 208**City & State**
WEST PALM BEACH, FL.**City & State**
WEST PALM BEACH, FL**Zip**
33415**Country**
U.S.A.**Zip**
33415**Country**
USA**4. FEI Number** **65-0930882****Applied For**
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****DEBAY, JAMES L**
2912 EMBASSY DR.
WEST PALM BEACH FL 33401**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**

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DEBAY, JAMES L
2912 EMBASSY DR
WEST PALM BEACH FL 33401 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
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CITY-ST-ZIP ☐ Delete**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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
JAMES L. DEBAY**01/14/02**
Date**(561) 689-1770**
Daytime Phone #

CR2E034 (9/01)