

**EOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90160 025 ***150.00

DOCUMENT # **P99000059742**

1. Entity Name

Jack F. London, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6736 Pasadena Dr
Suite, Apt. #, etc.

P.O. Box 14186
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee

City & State
FL 3

4. FEI Number
59-3587267

Applied For
Not Applicable

Zip
32317

Country
Leon

Zip
32317

Country
L.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
John F London

Street Address (P.O. Box Number is Not Acceptable)
6736 Pasadena Dr.

City
Tallahassee **FL** Zip Code
32317

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

Jack London

05/01/02

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President JACK London 6736 Pasadena Dr.
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**DO NOT WRITE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack London

05/01/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #