2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000093598** Mar 03, 2000 8:00 am **Secretary of State** J & L FINANCIAL SERVICES CORPORATION 03-03-2000 90188 007 ***150.00 Principal Place of Business Mailing Address 9940 B WATERMILL CIRCLE 9940 B WATERMILL CIRCLE BOYNTON BEACH FL 33437-2869 **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 0958 442 City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YABUR, JOHN C Street Address (P.O. Box Number is Not Acceptable) 9940 B WATERMILL CIRCLE **BOYNTON BEACH FL 33437** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete IAA M. PENDEGGAST. 40 B. WATERAILL CIR TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Defete 40 8 WATERTILL CIR. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE:

SIGNATURE

SIGNATURE

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Date

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