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Feb 27, 2003 8:00 am
Secretary of State
02-27-2003 90165 030 ***150.00

80042310

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102000

1. Entity Name
JLS of Northeast Florida Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
198 arora Blvd	
Suite, Apt. #, etc. apt 2802	Suite, Apt. #, etc.
City & State Orange Park Fl	City & State
Zip 32073 · Country Clay	Zip 32073 · Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For / Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**
Name Janet L Simcox
Street Address (P.O. Box Number is Not Acceptable) 198 arora Blvd
apt 2802
City Orange Park **FL** Zip Code 32073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	president
NAME	Janet L Simcox
STREET ADDRESS	198 arora Blvd apt 2802
CITY-ST-ZIP	orange Park Fl 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Simcox 2/26/03 904-298-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #