

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08896

1. Entity Name

J. G. & L. ENTERPRISES, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90159 030 \*\*\*150.00

Principal Place of Business

Mailing Address

461 VENUS DR  
JUNO BEACH FL 33408  
US

461 VENUS DR  
JUNO BEACH FL 33408-1711  
US

2. Principal Place of Business

3. Mailing Address

471 VENUS DRIVE

471 VENUS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUNO BEACH FL

JUNO BEACH FL

Zip

Country

Zip

Country

33408-1711 US

33408 US

4. FEI Number

65-0316330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOCKHART, JAMES G  
461 VENUS DR  
JUNO BEACH FL 33408

Name

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

471 VENUS DRIVE

City

JUNO BEACH FL FL

Zip Code

33408

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

JAMES G. LOCKHART 4/25/00

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D LOCKHART, JAMES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART, JAMES	NAME	
STREET ADDRESS	461 VENUS DR	STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	CITY-ST-ZIP	
TITLE	D LOCKHART, JULIE P.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART, JULIE P.	NAME	
STREET ADDRESS	471 VENUS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES G. LOCKHART 4/25/00 561 624  
5366

CR2E034 (9/99)