

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46895

1. Entity Name

JLP INVESTMENTS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90045 007 ***150.00

Principal Place of Business

582 NORTH ST
LONGWOOD FL 32750
US

Mailing Address

582 NORTH ST
LONGWOOD FL 32750-7646
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1795 GOLF GARDEN WAY

Suite, Apt. #, etc.

SUITE B

City & State

ERROL ESTATE

City & State

Zip

Country

32712

Zip

Country

4. FEI Number

59-3130806

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

JENNY, PAUL
122 ROCK LAKE RD
LONGWOOD FL 32750

Name

RAY JENNY

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

1795 GOLF GARDEN WAY

City

ERROL ESTATE, FL

FL

Zip Code

32712

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

Ray Jenny

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	JENNY, PAUL	
STREET ADDRESS	122 ROCK LAKE RD.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMALDI, LYNNE	
STREET ADDRESS	4108 CLUBSIDE DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC/TRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY JENNY	
STREET ADDRESS	1795 GOLF GARDEN WAY	
CITY-ST-ZIP	ERROL ESTATE, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Ray Jenny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)