

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90377 035 ***150.00

DOCUMENT # **V 46895**

1. Entity Name

JLP Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1795 GOLF GARDEN WAY

3. Mailing Address

1795 GOLF GARDEN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA

City & State

APOPKA

Zip

32712

Country

USA

Zip

32712

Country

USA

4. FEI Number

59-3130806

Applied For

Not Applicable

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 **RAY JENNY**

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

1795 GOLF GARDEN WAY

City **APOPKA**

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

4-11-02

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
RAY JENNY
1795 GOLF GARDEN WAY
APOPKA, FL. 32712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC.
LYNNE GRIMALDI
1795 GOLF GARDEN WAY
APOPKA, FL. 32712**

TITLE
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IN THIS SPACE**

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:

Ray Jenny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 407-399-2150

Date

Daytime Phone #

CR2E034B (12/01)