

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0425522

DOCUMENT # P00000060304

1. Entity Name
JLC 36-68, INC.

04-04-2001 90499 045 ***150.00

Principal Place of Business
**4907 KLOSTERMAN OAKS BLVD.
 PALM HARBOR FL 34683**

Mailing Address
**4907 KLOSTERMAN OAKS BLVD.
 PALM HARBOR FL 34683**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1290 S. PASADENA AVE

3. Mailing Address
1290 S. PASADENA AVE.

Suite, Apt. #, etc.
South PASADENA FL

Suite, Apt. #, etc.
South PASADENA FL

City & State
South PASADENA FL

4. FEI Number
59-3653348

Applied For
 Not Applicable

Zip
33707

Country
USA

Zip
33707

Country
USA

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

**COSTALAS, DEMETRIOS J
 4907 KLOSTERMAN OAKS BLVD.
 PALM HARBOR FL 34683**

Name
Demetrios COSTALAS

Street Address (P.O. Box Number is Not Acceptable)
1290 S. PASADENA AVE.

City
S. PASADENA FL

Zip Code
33707

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	COSTALAS, DEMETRIO J	4907 KLOSTERMAN OAKS BLVD.	PALM HARBOR FL 34683	<input type="checkbox"/>
D	COSTALAS, CHRISTINE	4907 KLOSTERMAN OAKS BLVD.	PALM HARBOR FL 34683	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1290 S. PASADENA AVE.	S. PASADENA FL 33707	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1290 S. PASADENA AVE.	S. PASADENA FL 33707	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Demetrios COSTALAS 3-28-01 727 736-0324

Date

Daytime Phone #

CR2E034 (10/00)