

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-04-2001 90499 046 ***150.00

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DOCUMENT # P00000060323

1. Entity Name
JLC 36-71, INC.

Principal Place of Business 4907 KLOSTERMAN OAKS BLVD PALM HARBOR FL 34683	Mailing Address 4907 KLOSTERMAN OAKS BLVD PALM HARBOR FL 34683
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5001 GULF BLVD	3. Mailing Address 5001 GULF BLVD
Suite, Apt. #, etc. ST. PETE BEACH FL	Suite, Apt. #, etc. ST. PETE BEACH FL
City & State 33706	City & State 33706
Zip USA	Zip USA

4. FEI Number: **59-3653350** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**COSTALAS, DEMETRIOS J
 4907 KLOSTERMAN OAKS BLVD
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name: **Demetrios COSTALAS**

Street Address (P.O. Box Number is Not Acceptable):
5001 GULF BLVD

City: **ST. PETE BEACH FL** Zip Code: **33706**

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: **Demetrios COSTALAS** DATE: **3-28-01**

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

9. This corporation is eligible to satisfy its Intangible Tax filing Requirement and elects to do so:

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5001 GULF BLVD ST. PETE BEACH FL, 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5001 GULF BLVD ST. PETE BEACH FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Demetrios COSTALAS** DATE: **3-28-01** DAYTIME PHONE #: **727 738-0324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)