

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90050 038 ***150.00

DOCUMENT # L70767

1. Entity Name

J L S ENTERPRISES, INC.

Principal Place of Business

8316 PREAKNESS DR.
FLORENCE KY 41042
US

Mailing Address

8316 PREAKNESS DR.
FLORENCE KY 41042
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0194316

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

ROBERTSON, JAMES W.
5725 NW 100TH TERR
CORAL SPRINGS FL 33076

Name

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

City

Zip

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
PTD
ROBERTSON, JAMES W.
7544 WILES RD SUITE 202
CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10653 MT. LAUREL WAY
Union, KY 41091

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
ROBERTSON, LINDA C.
7544 WILES RD SUITE 202
CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10653 MT. LAUREL WAY
Union, KY 41091

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01

Date

859-647-1092

Daytime Phone #

CR2E034 (10/00)