

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90124 043 \*\*\*150.00

**DOCUMENT # H10344**

1. Entity Name  
**JDBS, INC.**

Principal Place of Business  
**327 E. Highbanks Rd.  
 P. O. Box 128  
 Debary FL 32713**

Mailing Address  
**327 E. Highbanks Rd.  
 P. O. Box 128  
 Debary FL 32713**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 530128**  
 Suite, Apt. #, etc.

City & State  
**Debary, FL**

City & State  
**Debary, FL**

Zip  
**32753-0128**

Country  
**USA**

4. FEI Number  
**59-2420676**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BAGWELL, JAMES L  
 560 BERNASEK DR  
 DEBARY FL 32713**

7. Name and Address of New Registered Agent

Name  
**Bagwell, James L.**

Street Address (P.O. Box Number is Not Acceptable)  
**710 Ashgrove Terr.**

City  
**Sanford**

State  
**FL**

Zip Code  
**32771**

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, 2002 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	<input type="checkbox"/> Delete
P	BAGWELL, JAMES L.	560 BERNASEK DRIVE	DEBARY FL	<input type="checkbox"/>
S	SHALETT, CHARLES	505 DELTONA BLVD.	DELTONA FL	<input type="checkbox"/>
VP	FLYNN, WILLIAM J.	32213 CHIPPEWA AVE.	DELAND FL	<input type="checkbox"/>
T	PUGH, HARRY D.	1409 CHICHESTER ST.	ORLANDO FL 32803	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Bagwell, James L.	710 Ashgrove Terr.	Sanford, FL 32771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Shallett, Charles	71 Grizzley Bear Path	Ormond Beach, FL 32714	<input checked="" 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: Jan Bagwell **3/12/02** **386-668-4468**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)