

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-26-2001 90090 040 ***150.00

DOCUMENT # J64829

1. Entity Name
JATWIL, INC.

Principal Place of Business
1945 17TH STREET
SARASOTA FL 34234
Mailing Address
P.O. BOX 2838
SARASOTA FL 34230

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-2799574
Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WILSON, CHARLES H., III
1945 17TH STREET
SARASOTA FL 34234

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] PRES DATE 04/17/01
NOTE: Registered Agent signature required when reinstating.

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

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for WILSON, CHARLES H III and WILSON, SHERYL.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and 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: [Signature] DATE 05/11/01 DAYTIME PHONE # 94-957-1030

CR2E034 (10/00)