8/29/2003-90093-041 \$550.00-\$550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nar JVFM, IN		/-		LOW S		03 SEF SECR					AT		
Principal Plac 19 BAYSHOR SHALIMAR FI		19 B	g Address Ayshore Dr Jimar FL 32579								JAIOA		
2. Principal Place of Business 3. Mailing Address						7	i türini	P) (TI MRINE IIEI	t Butti marra	OSKI BULLI	attie Biffit arber	Auff hire raar	
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES						_	
City & Stat	te .	City	& State				El Numbe え-06	0845	5/_			pplied For of Applicable	1
Zip	Country	Zip		Count	try			of Status De			\$8.75 Add Fee Require		
	6. Name and Address	of Current Registere	d Agent		_Name	7. N	ame and	Address of	New Reg	Istered	Agent		1
HAUGHT, BRUCE A					Street Addres	s (P.O. Bo	x Numbe	r is Not Acc	eptable)	- 4x		=	-
385 HIGHWAY 98 E SUITE 220 DESTIN FL 32541									·				1
					City					FL	Zip Cod	θ	1
	named entity submits this tions of registered agent.	gistere	ed office or regis	tered age	nt, or bath	n, in the Stat	te of Florid		lamillar with,	and accept	1		
SIGNATURE													
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State					<u>v'</u>			ction Campa st Fund Con		ncing [\$5.0 Added	O May Be i to Fees	
10.		CERS AND DIRECTO		11.		ADE	OTIONS/	CHANGES 1	O OFFIC	ERS AND	DIRECTORS		 @
NAME STREET ADDRESS	117 100.95 10.				E ET ADDRESS -ST-ZIP						Change	☐ Addition	CR2E034 (4/03)
CITY-ST-ZIP TITLE NAME	Secretary 7	reasurer	Delete	TITLE					 -		☐ Change	Addition	뜅
STREET ADORESS CITY-ST-ZIP	James Vandenberg 319 Brian wood (12) Feb walton Beh FL, 32548				et adoress · St-zip								
TITLE	7-10-0-0-110	10(2-	Delete	ITTLE							Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADORESS		~		.T.	_ **			
TITLE			☐ Delete	TITLE							☐ Change	Addition	}
NAME STREET ADDRESS CITY-ST-ZIP				•	et address - St-Zip								
TITLE NAME			☐ Delete	TITLE							☐ Changs	Addition	
STREET ADDRESS CITY-ST-ZIP				STREE	ET ADDRESS ST-ZIP								
TITLE NAME			☐ Delete	TITLE NAME							Change	■ Addition	
STREET ADDRESS CITY-ST-ZIP	·			E.	ET ADDRESS ST-ZIP		_						
12. I hereby certify that the information supplied with this filling 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. Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNAT	URE: SIG	NATURE	REQUIRE OFFICER OF	SD BIRRECT	OR		1V.T	Date	- -		Paytime Phone #		}
		· · · · · · · · · · · · · · · · · · ·		. ,								29/29	