

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90076 020 \*\*\*150.00

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**DOCUMENT # P02000116698**



1. Entity Name  
**JDV ENTERPRISES, INC**

Principal Place of Business  
**260 PALM BLVD  
MERRITT ISLAND FL 32952**

Mailing Address  
**260 PALM BLVD  
MERRITT ISLAND FL 32952**

**11007830**



2. Principal Place of Business  
**Same**

3. Mailing Address  
**Same**

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

**14-1853735**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JDV ENTERPRISES, INC  
260 PALM BLVD  
MERRITT ISLAND FL 32952**

Name **David Van Alstine**

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

**260 Palm Blvd.**

City **Merritt Island**

FL

Zip Code **32952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

**David Van Alstine Pres 4-20-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1

TITLE **P**  Delete  
NAME **VANALSTINE, DAVID A**  
STREET ADDRESS **260 PALM BLVD**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE  Change  Addition  
NAME **Same**  
STREET ADDRESS **Same**  
CITY-ST-ZIP **Same**

TITLE **VP**  Delete  
NAME **DIXON, JEFFREY S**  
STREET ADDRESS **260 PALM BLVD**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE  Change  Addition  
NAME **Same**  
STREET ADDRESS **Same**  
CITY-ST-ZIP **Same**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida 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.

SIGNATURE:

*[Handwritten Signature]* **David Van Alstine Pres. 4-20-03 321-531-4579**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRCE034 (10/02)