

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90080 029 \*\*\*150.00

0396037

**DOCUMENT # P93000070934**

1. Entity Name  
**J.S.V. ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
~~5784 ENTERPRISE PARKWAY~~ *5661 Division Dr.* 12670 NEW BRITANNY  
 FT. MYERS FL 33905 SUITE 101  
 FORT MYERS FL 33907  
 US

**00017746**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5661 Division Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Fort Myers, FL**

City & State

4. FEI Number **65-0443132**

Applied For  
 Not Applicable

Zip Country  
**33905 US**

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

**ROYSTON, ROBERT D JR  
 COSTELLO, SIMS & ROYSTON  
 12670 NEW BRITANNY BLVD., #101  
 FT. MYERS FL 33907**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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  Delete  
 NAME **D VICKERS, JAMES S**  
 STREET ADDRESS ~~5784 ENTERPRISE PARKWAY~~ *5661 Division Dr.*  
 CITY-ST-ZIP **FT MYERS FL 33905**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **5661 Division Drive**  
 CITY-ST-ZIP **Fort Myers, FL 33905**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

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: *James S. Vickers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01 941 694-1115  
 Date Daytime Phone #

*James S. Vickers*

CR2E034 (10/00)