

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

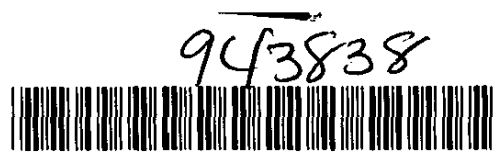
04-13-2001 90005 013 ***150.00

DOCUMENT # P97000033498

1. Entity Name
JCS HOLDINGS, INC.

Principal Place of Business 41691 LITTLE FARM ROAD PUNTA GORDA FL 33955 US	Mailing Address 41691 LITTLE FARM ROAD PUNTA GORDA FL 33955 US
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2. Principal Place of Business 3449 BONNETT POND ROAD Suite, Apt. #, etc.	3. Mailing Address 3449 BONNETT POND ROAD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CHIPLEY FL	City & State CHIPLEY FL	4. FEI Number 65-0745009	Applied For <input type="checkbox"/> Not Applicable
Zip 32428	Country US	Zip 32428	Country US

6. Name and Address of Current Registered Agent SORVILLO, JOSEPH 41691 LITTLE FARM ROAD PUNTA GORDA FL 33955		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) 3449 BONNETT POND ROAD City CHIPLEY FL Zip Code 32428	
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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 *Joseph Sorvillo* DATE 4/11/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORVILLO, JOSEPH 41691 LITTLE FARM ROAD PUNTA GORDA FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORVILLO, JOSEPH 3449 BONNETT POND ROAD CHIPLEY FL 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SORVILLO, CAROL A 41691 LITTLE FARM ROAD PUNTA GORDA FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SORVILLO, CAROL A. 3449 BONNETT POND ROAD CHIPLEY FL 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph Sorvillo* DATE 4/11/01 DAYTIME PHONE # 850-773-7615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

063937

CR2E034 (10/00)