

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91611 026 \*\*\*150.00

MM/CCYY  
 AV

**DOCUMENT # P97000033498**  
 1. Entity Name  
~~JCS HOLDINGS, INC.~~ *ON THE WILD SIDE, INC.*

Principal Place of Business      Mailing Address  
**3449 BONNETT POND ROAD**      **3449 BONNETT POND ROAD**  
**CHIPLEY FL 32428**                      **CHIPLEY FL 32428**  
**US**    **US**

2. Principal Place of Business      3. Mailing Address  
*P.O. Box 245*                              *P.O. Box 245*  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State      City & State  
**PONCE DE LEON FL**                      **PONCE DE LEON FL**  
 Zip      Country      Zip      Country  
**32455**      **HOLMES**                      **32455**      **HOLMES**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SORVILLO, JOSEPH**  
**3449 BONNETT POND ROAD**  
**CHIPLEY FL 32428**

4. FEI Number      Applied For  
**65-0745009**                      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*2654 WOLF HOLLOW DRIVE*  
 City      State      Zip Code  
**PONCE DE LEON**      **FL**      **32455**

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

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SORVILLO, JOSEPH	
STREET ADDRESS	3449 BONNETT POND ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SORVILLO, CAROL A	
STREET ADDRESS	3449 BONNETT POND ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORVILLO, JOSEPH	
STREET ADDRESS	2654 WOLF HOLLOW DRIVE	
CITY-ST-ZIP	PONCE DE LEON, FL 32455	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORVILLO, CAROL A.	
STREET ADDRESS	2654 WOLF HOLLOW DRIVE	
CITY-ST-ZIP	PONCE DE LEON, FL 32455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Carol A Sorvillo*      **CAROL A. SORVILLO**      4/18/02      850-836-4600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)