2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90131 039 ***150.00

DOCUMENT # V05164

1. Entity Name
JCW ENTERPRISES OF OCALA, INC.

Principal Place of Business	Mailing Address
6160 SW SR 200 #115 SUITE #117 OCALA FL 32676	6160 SW SR 200 #115 SUITE #117 OCALA FL 32676

424462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12780 NW 35TH STREET	12780 NW 35TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34482 Country	Zip: 34482 Country

4. FEI Number: 59-3103794 ☐ Applied For ☐ Not Applicable

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
WOOD, JEFFREY C. 6160 SW SR 200 #115 OCALA FL 32676	Name Street Address (P.O. Box Number is Not Acceptable): 12780 NW 35TH STREET City: OCALA FL Zip Code: 34482

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 _____ DATE
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. (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST WOOD, JEFFREY C. 13560 NW 70 ST MORRISTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 12780 NW 35TH STREET OCALA, FL 34482
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, JEFFREY C. 13560 NW 70 ST MORRISTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 12780 NW 35TH STREET OCALA, FL 34482
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BATES, LOWELL 8495 NW 9TH AVENUE OCALA FL 34475	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP YPILAIAN, CHARLES 327 MARION OAKS DRIVE OCALA FL 34473-2440	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Jeff C Wood 2-28-02 352-401-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)