FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90501 018 ***158.75

DOCUMENT # P99000108046

1. Entity Name
J. B. W. of South Florida, Inc.

DO NOT WRITE IN THIS SPACE

B0058768

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12717 W. Sunrise Blvd,	12717 W. Sunrise Blvd
Suite, Apt. #, etc. Suite 319	Suite, Apt. #, etc. Suite 319
City & State Sunrise, Fl	City & State Sunrise, Florida
Zip 33323 Country US	Zip 33323 Country US

4. FEI Number 65-0969830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAY B. Woods

Street Address (P.O. Box Number is Not Acceptable): 12717 W. Sunrise Blvd. Suite 319

~~Sunrise~~ Sunrise, Florida

City: FL Zip Code: 33323

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
	PD Woods, Jay B. 12717 W. Sunrise Blvd Suite 319 Sunrise, Fl 33323
Deleted	~~VD~~ ~~Woods, JAY~~ ~~12717 W. Sunrise Blvd suite 319~~ ~~Sunrise, Fl 33323~~
	VSD Woods, Joan 12717 W. Sunrise Blvd Suite 319 Sunrise, Fl 33323

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jay B Woods JAY B. WOODS President 3/25/02 954-325-6992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #