

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90227 026 ***150.00

0413957 AV

DOCUMENT # 465208

1. Entity Name
JAXVILLE, INC.



Principal Place of Business
**100 NW 12TH AVE
DEERFIELD BEACH FL 33442
US**

Mailing Address
**111 NW 12TH AVE
LEGAL DEPT JMFDF018
DEERFIELD BEACH FL 33442
US**



2. Principal Place of Business
100 JIM MORAN BLVD
Suite, Apt. #, etc.

3. Mailing Address
100 JIM MORAN BLVD
Suite, Apt. #, etc. **LEGAL DEPT.
MAILDROP JMFDF018**

CHECK HERE IF MAKING CHANGES

City & State
Deerfield Beach FL
Zip
33442 Country
USA

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Deerfield Beach FL
Zip
33442 Country
USA

4. FEI Number **59-1562245** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME HUFFMAN, JR.	
STREET ADDRESS 100 NW 12TH AVE	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE S	<input type="checkbox"/> Delete
NAME WHELAN, JOHN J.	
STREET ADDRESS 100 NW 12TH AVE	
CITY-ST-ZIP DEERFIELD BEACH FL	
TITLE D	<input type="checkbox"/> Delete
NAME BROWN, COLIN W.	
STREET ADDRESS 100 NW 12TH AVE	
CITY-ST-ZIP DEERFIELD BCH FL 33442	
TITLE D	<input type="checkbox"/> Delete
NAME THOMAS, GARY L.	
STREET ADDRESS 100 NW 12TH AVE	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE T	<input type="checkbox"/> Delete
NAME OSSENBECK, PATRICK C.	
STREET ADDRESS 100 NW 12TH AVE	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE AS	<input type="checkbox"/> Delete
NAME SNEAD, CAREN J.	
STREET ADDRESS 100 NW 12TH AVE	
CITY-ST-ZIP DEERFIELD BCH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUFFMAN, J.R.	
STREET ADDRESS 100 SIM MORAN BLVD.	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHELAN, JOHN J.	
STREET ADDRESS 100 SIM MORAN BLVD.	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, COLIN W.	
STREET ADDRESS 100 SIM MORAN BLVD.	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, GARY L.	
STREET ADDRESS 100 SIM MORAN BLVD.	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OSSENBECK, PATRICK C.	
STREET ADDRESS 100 JIM MORAN BLVD	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	
TITLE AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SNEAD, CAREN J.	
STREET ADDRESS 100 SIM MORAN BLVD	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John J. Whelan **SECRETARY** 04/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)