

FILED

May 16, 2003 8:00 am
Secretary of State

04-16-2003 90291 036 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	F01000002689	
1. Entity Name	JBS SERVICES, INC.	

55041477

Principal Place of Business 15162 DECEPTION ROAD ANACORTES WA 98221	Mailing Address 15162 DECEPTION ROAD ANACORTES WA 98221
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number	91-1627564	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DVORAK, FRANCES 7433 SHELL RIDGE TERRACE LAKE WORTH FL 33467-7706	7. Name and Address of New Registered Agent Name: ROBERT DVORAK Street Address (P.O. Box Number is Not Acceptable) 672 Badger ST City SEBASTIAN FL Zip Code 32958
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert J Dvorak* Date: 4/8/03

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

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DVORAK, ROBERT 15162 DECEPTION RD ANACORTES WA 98221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 672 Badger ST SEBASTIAN FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DVORAK, JASON 15162 DECEPTION ROAD ANACORTES WA 98221 <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	ST DVORAK, SUSAN 15162 DECEPTION ROAD ANACORTES WA 98221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 672 Badger ST SEBASTIAN FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DVORAK, JENNIE 750 MAIN ST. EL SEGUNDO CA 90245 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5874 Canyon Drive LOS ANGELES, CA 90068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DVORAK, JAMES 18720 76TH AVE W #4D EDMONDS WA 98026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15162 Deception Rd ANACORTES WA 98221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DVORAK, JAIMEE 18720 76TH AVENUE W #4D EDMONDS WA 98026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15162 Deception Rd ANACORTES WA 98221

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Robert J Dvorak* Date: 4/8/03 Daytime Phone #: 772-388-8820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E004 (10/02)