

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90237 029 ***150.00

DOCUMENT # F99000004281

1. Entity Name

JW FINANCIAL GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26540 TIM TAM PLACE

Suite, Apt. #, etc.

3. Mailing Address

26540 TIM TAM PLACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESLEY CHAPEL FL

City & State

WESLEY CHAPEL FL

4. FEI Number

59-3558221

Applied For

Not Applicable

Zip

33544

Country

Zip

33544

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PCD	WATKINS, J. SCOTT	26540 TIM TAM PLACE	WESLEY CHAPEL FL 33544				
VST	WATKINS, J. SCOTT	26540 TIM TAM PLACE	WESLEY CHAPEL FL 33544				

**DO NOT WRITE
IN THIS SPACE**

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: 

SCOTT J. WATKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #