

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90140 039 ***158.75

DOCUMENT # G95670

1. Entity Name
JFC UNLIMITED CORPORATION



Principal Place of Business
**1845 SW 4TH AVE
SUITE A5
DELRAY BEACH FL 33444**

Mailing Address
**2504 NW 98 LANE
HOME
CORAL SPRINGS FL 33065**



2. Principal Place of Business
1845 SW 4 AVE

3. Mailing Address
2504 NW 98 LANE

Suite, Apt. #, etc.
A5

Suite, Apt. #, etc.
HOME

City & State
DELRAY BCH, FLA.

City & State
CORAL SPRINGS, FLA.

4. FEI Number
59-2635732

Applied For
☒ Not Applicable

Zip
33444

Country
PALM BCH

Zip
33065

Country
BROWARD

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

**GAMBA, JOHN C.
2504 N.W. 98TH LANE
CORAL SPRINGS FL 33065**

Name
JFC
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 *John C. Gamba*
Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME GAMBA, JOHN	
STREET ADDRESS 2504 N.W. 98TH LANE	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE D	<input type="checkbox"/> Delete
NAME GAMBA, HELEN	
STREET ADDRESS 2504 N.W. 98TH LANE	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME N/A	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME N/A	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 C. Gamba*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/03

Date

Doc No

(954) 753 4551

CR2E034 (10/02)