

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90039 031 ***150.00

DOCUMENT # L27705

1. Entity Name
J.O.W., INC.

Principal Place of Business C/O JESSE O. WOLFF 3124 SOUTHWEST 28TH STREET OKEECHOBEE FL 34974	Mailing Address C/O JESSE O. WOLFF 3124 SOUTHWEST 28TH STREET OKEECHOBEE FL 34974
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2735 S.W. 26th Ave. Suite, Apt. #, etc.	3. Mailing Address 2735 S.W. 26th Ave. Suite, Apt. #, etc.
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City & State Okeechobee, Florida	City & State Okeechobee, Florida	4. FEI Number 59-2975141	Applied For <input type="checkbox"/> Not Applicable
Zip 34974	Country Okeechobee	Zip 34974	Country Okeechobee

6. Name and Address of Current Registered Agent WOLFF, JESSE O. 3124 SOUTHWEST 28TH STREET OKEECHOBEE FL 34974	7. Name and Address of New Registered Agent Name JESS C. WOLFF Street Address (P.O. Box Number is Not Acceptable) 2735 S.W. 26th Avenue City, Okeechobee FL Zip Code 34974
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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.

SIGNATURE: *Jesse C. Wolff* DATE: 4/26/01

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF, JESSE O. 3124 SW 28TH STREET OKEECHOBEE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Jess C. Wolff 2735 S.W. 26th Avenue Okeechobee, Florida 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/SEC/D Kimberly P. Wolff 2735-S.W. 26th Avenue Okeechobee, Florida 34974 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Jesse C. Wolff* DATE: 4/26/01 DAYTIME PHONE #: 863-467-7475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)