

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

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90071 032 \*\*\*150.00

**DOCUMENT # P0000020156**

1. Entity Name  
**J.D.C. FINANCIAL SERVICES, INC.**



Principal Place of Business  
**6714 NW 70TH CT  
TAMARAC, FL 33321**

Mailing Address  
**6714 NW 70TH CT  
TAMARAC, FL 33321**

**10090968**

2. Principal Place of Business  
**1325 N.E. 16 Ave**

3. Mailing Address  
**1325 N.E. 16 Ave**



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Fort Lauderdale FL**

City & State  
**Fort Lauderdale**

4. FEI Number  
**65-0984562**

Applied For  
 Not Applicable

Zip  
**33304**

Country  
**Broward**

Zip  
**33304**

Country  
**Broward**

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

6. Name and Address of Current Registered Agent

**COLLINS, JAMES  
6714 NW 70TH CT  
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name  
**Collins, James**

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

**1325 N.E. 16 Ave**

City **Fort Lauderdale FL** Zip Code **33304**

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

*James D. Allen*

**April 23, 2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Rises May 1, 2003 Fee will be \$250.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
COLLINS, JAMES  
6714 NW 70TH CT  
TAMARAC, FL 33321**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1325 NE 16 Ave  
Fort Lauderdale FL 33304**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
COLLINS, BARBARA  
6714 NW 70CT  
TAMARAC, FL 33321**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1325 NE. 16 Ave  
Fort Lauderdale FL 33304**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*James D. Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 23, 2003 462-8288**

Date

Daytime Phone #

CR2E034 (10/02)