

**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)