# FOR PROFIT CORPORATION
## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077023

1. Entity Name  JVC Custom Decorative Woodwork, Inc.

**DO NOT WRITE IN THIS SPACE**

641621

2. Principal Place of Business  7698 Nemec Drive S.
Suite, Apt. #, etc.

3. Mailing Address  7698 Nemec Drive South
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

City & State  West Palm Beach, Florida
City & State  West Palm Beach, Florida

Zip 33406  Country Palm Beach
Zip 33406  Country

4. FEI Number  65-1035740 | Applied For | Not Applicable

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

7. **Name and Address of Current Registered Agent**

Name  Joseph V. Crisante

**DO NOT WRITE IN THIS SPACE**

Street Address (P.O. Box Number is Not Acceptable)  7698 Nemec Drive South

City  West Palm Beach  FL  Zip Code 33406

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 | President | | TITLE | |
| NAME | Joseph V. Crisante | | NAME | |
| STREET ADDRESS | 7698 Nemec Drive South | | STREET ADDRESS | |
| CITY-ST-ZIP | West Palm Beach, Fl. 33406 | | CITY-ST-ZIP | |
| TITLE | | | TITLE | |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
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| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

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: _____  04-15-02  561-969-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #

CR2E034B (12/01)