

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000084836

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: J.M.V.C., INC.

Current Principal Place of Business:

2292 GATOR DRIVE
STE 373
ORLANDO, FL 32807

New Principal Place of Business:

4008 MAGUIRE BLVD
STE 5310
ORLANDO, FL 32803

Current Mailing Address:

2292 GATOR DRIVE
STE 373
ORLANDO, FL 32807

New Mailing Address:

4008 MAGUIRE BLVD
STE 5310
ORLANDO, FL 32803

FEI Number: 59-3672185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LE-HELLEY, BERTRAND
HEXAGON INTERNATIONAL
543 PINE LAKE VIEW DRIVE
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHASSAGNE, JEAN-MARC
Address: 2292 GATOR DR. APT 373
City-St-Zip: ORLANDO, FL 32807

Title: VP () Delete
Name: CHASSAGNE, LUDOVICA
Address: 2292 GATOR DRIVE APT 373
City-St-Zip: ORLANDO, FL 32807

Title: S () Delete
Name: CHASSAGNE, JEAN MARC
Address: 2292 GATOR DRIVE APT 373
City-St-Zip: ORLANDO, FL 32807

Title: T () Delete
Name: CHASSAGNE, LUDORIKA
Address: 2292 GATOR DRIVE APT 373
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHASSAGNE, JEAN-MARC
Address: 4008 MAGUIRE BLVD # 5310
City-St-Zip: ORLANDO, FL 32803

Title: VP (X) Change () Addition
Name: CHASSAGNE, LUDOVICA
Address: 4008 MAGUIRE BLVD # 5310
City-St-Zip: ORLANDO, FL 32803

Title: S (X) Change () Addition
Name: CHASSAGNE, JEAN MARC
Address: 4008 MAGUIRE BLVD # 5310
City-St-Zip: ORLANDO, FL 32803

Title: T (X) Change () Addition
Name: CHASSAGNE, LUDOVICA
Address: 4008 MAGUIRE BLVD # 5310
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUDOVICA CHASSAGNE

VP

04/27/2002

Electronic Signature of Signing Officer or Director

Date