

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90024 005 \*\*\*150.00

**DOCUMENT # P00000094832**

1. Entity Name  
**JVD FINANCIAL SERVICES, INC.**

Principal Place of Business      Mailing Address  
**1717 BLANDING BLVD., STE. 103**      **1717 BLANDING BLVD., STE. 103**  
**JACKSONVILLE FL 32210**      **JACKSONVILLE FL 32210**

2. Principal Place of Business      3. Mailing Address ~~4570 St. Johns Ave~~  
**4570 St. Johns Ave Suite #2**      **4570 St. Johns Ave #2**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Jacksonville FL**      **Jacksonville FL**  
 City & State      City & State

Zip      Country      Zip      Country  
**32210**      **US**      **32210**      **US**

4. FEI Number      Applied For  
**59-3673939**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DAKA, DEBORAH A**  
**1717 BLANDING BLVD., STE. 103**      **4570 St. Johns Ave #2**  
**JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City      **FL**      Zip Code \_\_\_\_\_

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 *Deborah A. Daka*      DATE *6 Apr 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.       **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	<b>D</b> <b>DAKA, DEDRIX</b> <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3734 ALDINGTON DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	CITY-ST-ZIP	
TITLE NAME	<b>D</b> <b>DAKA, DEBORAH A</b> <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3734 ALDINGTON DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	CITY-ST-ZIP	
TITLE NAME	<b>D</b> <b>HENRY, ERTWYN</b> <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3734 ALDINGTON DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	CITY-ST-ZIP	
TITLE NAME	<b>D</b> <b>DAKA, DEDRIX B</b> <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3768 BRYNER DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	CITY-ST-ZIP	
TITLE NAME	<b>D</b> <b>DAKA, JENALA V</b> <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>P.O. BOX 2284</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32222</b>	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah A. Daka*      DATE *6 Apr 01*      DAYTIME PHONE # *904-384-3230*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)