2003 FOR PROFIT CORPORATION

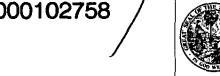
UNIFORM BUSINESS REPORT (UBR

FILED Aug 14, 2003 8:00 am Secretary of State

08-14-2003 90070 005 ***550.00

DOCUN	JENT	#	P000	0001	O

1. Entity Name JOV CORP.



Principal Place of Business 126 WEST ADAMS STREET IACKSONN/ILLE EL 22202

Mailing Address

126 WEST ADAMS STREET IACKSONNISTE EL 22202

2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		. CHECK HERE IF MAKING CHANGES		
City & State City &		City & State		4. FEI Number 59-3684438	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	CQ 75 Additional	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registi	ered Agent	
			Name			
VARAMOGIANNIS, OLGA 13980 SANDHILL CRANE DR. S.		Street Address (P.O. Box Number is Not Acceptable)				
JACKSON	VILLE FL 32224					
			City		FL Zip Code	
	tions of registered agent.			stered agent, or both, in the State of Florida.		
<u> </u>	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating)	DATE	
After Se	TILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$7 k Payable to Florida Department			9. Election Campaign Financin Trust Fund Contribution.	9 \$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE	P	☐ Defete	TITLE		☐ Change ☐ Addition 6	
NAME STREET ADDRESS CITY-ST-ZIP	VARAMOGIANNIS, JOHN 126 W ADAMS ST JACKSONVILLE FL 32202		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change ☐ Addition C	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete -	- TITLE NAME	. , , , ,	~Change Addition	
NAME STREET ADDRESS	1	,	STREET ADDRESS		•	
CITY-ST-ZIP	Í		CITY-ST-ZIP			
					☐ Change ☐ Addition	
TITLE NAME		. Delete	TITLE NAME			
STREET ADDRESS			STREET ADDRESS		[
CITY-ST-ZIP	,		CITY-ST-ZIP			
TITLE .		☐ Delate	TITLE	- -	Change	
NAME	,	,	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	•		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE: JOHN YOUNG PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

STREET ADDRESS

CITY-ST-ZIP

8-10-63

(904) 475-1400