

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91036 002 ***150.00

DOCUMENT # P02000070363

1. Entity Name
JP WORLDWIDE ENTERPRISES, INC.



Principal Place of Business
**1389 SW 12TH AVENUE
POMPANO BEACH FL 33069**

Mailing Address
**1389 SW 12TH AVENUE
POMPANO BEACH FL 33069**

2. Principal Place of Business

1953 HAMMONDVILLE RD

3. Mailing Address

1953 HAMMONDVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

4. FEI Number
01-0725865

☒ Applied For
☐ Not Applicable

Zip
33069

Country
USA

Zip
33069

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAMMA ACCOUNTING & BUSINESS SVCS, INC
1900 NW CORPORATE BLVD
STE 400E
BOCA RATON FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
SEVIGNY, PATRICK
17331 SW 35TH STREET
MIRAMAR FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KESSLER, JOSH
2601 NE 211 TERRACE
NORTH MIAMI BEACH FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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)(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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-303

CR2E034 (10/02)