2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000073224

Mailing Address

4400 NW 106 AVE

CORAL SPRINGS FL 33065

1. Entity Name JCW HOLDINGS, INC.

Principal Place of Business

CORAL SPRINGS FL 33065

4400 NW 106 AVE



May 05, 2003 8:00 am § Secretary of State **FILED**

05-05-2003 90720 022 ***150.00

| NAME STREET ADDRESS CITY-ST-ZIP WINNS, JAMES F 4400 NW 106 AVE CORAL SPRINGS FL 33065 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Change CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP | plicable |
|---|----------|
| City & State Country | plicable |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required WINNS, JAMES F 4400 NW 106 AVE CORAL SPRINGS FL 33065 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent agent and 198 if applicable. (NOTE Registered Agent signature required when relination) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SIRRET ADDRESS OCTY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Change Cha | plicable |
| Signature Country Zip Country Signature Sequence Searce Sea | accept |
| S. Name and Address of Current Registered Agent Name | |
| WINNS, JAMES F 4400 NW 106 AVE CORAL SPRINGS FL 33065 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in-the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEREST ADDRESS CITY-ST-ZIP WINNS, JAMES F 4400 NW 106 AVE CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change Change Change Change Change Change | |
| Attention and the street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City | |
| ### CORAL SPRINGS FL 33065 City FL Zip Code | |
| R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in-the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or pinted name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE WINNS, JAMES F 4400 NW 106 AVE STREET ADDRESS | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and 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) Page 1 | |
| 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 | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered Agent signature required when reinstating) Signature, typed or printed name of registered Agent signature required when reinstating) Signature, typed or printed name of registered Agent signature required when reinstating) Signature, typed or printed name of registered Agent signature required when reinstating) Signature, typed or printed when reinstating) Signature | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE WINNS, JAMES F 4400 NW 106 AVE CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE CITY-ST-ZIP Delete TITLE CITY-ST-ZIP Delete TITLE Delete TITLE CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE CITY-ST-ZIP Delete TITLE CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE Change | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE DWINNS, JAMES F NAME STREET ADDRESS CITY-ST-ZIP TITLE, NAME STREET ADDRESS CITY-ST-ZIP TITLE, NAME STREET ADDRESS CITY-ST-ZIP TITLE, NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE OBERSE CITY-ST-ZIP Delete TITLE OBERSE CITY-ST-ZIP ORANGE CITY-ST-ZIP ORANGE CHANGE | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Change | w Po |
| TITLE D Delete D Delete D Delete D Delete D Delete D DELETORS IN D | |
| NAME STREET ADDRESS CITY-ST-ZIP WINNS, JAMES F STREET ADDRESS CITY-ST-ZIP Delete TITLE | 11 |
| STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Change | Addition |
| CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE Delete TITLE Change Change CITY-ST-ZIP CHANGE TITLE Delete TITLE Change | |
| TITLE Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change | |
| NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete TITLE Change | Addition |
| STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change | Addition |
| TITLE Delete TITLE Change | |
| | |
| NAME NAME | Addition |
| 1 1 | |
| STREET ADDRESS STREET ADDRESS | |
| CITY-ST-ZIP CITY-ST-ZIP | 4.150 |
| | Addition |
| NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | |
| CITY-ST-ZIP CITY-ST-ZIP | |
| TITLE Delete TITLE Change | Addition |
| NAME NAME | |
| STREET ADDRESS STREET ADDRESS | |
| CITY-ST-ZIP CITY-ST-ZIP | |
| _ • • – | Addition |
| NAME STREET ADDRESS STREET ADDRESS | |
| CITY-ST-ZIP 4: CITY-ST-ZIP | |
| 12. Thereby 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 supplied with this filing does | |

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:

Daytime Phone #