

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91389 032 \*\*\*150.00

0433251 AV

**DOCUMENT # P02000082413**

**1. Entity Name**  
**JCS UNLIMITED, INC.**



**Principal Place of Business**  
**5280 LAS VERDES CIRCLE #216**  
**DELRAY BEACH FL 33484**

**Mailing Address**  
**5280 LAS VERDES CIRCLE #216**  
**DELRAY BEACH FL 33484**

**2. Principal Place of Business**  
**16299 BRISTOL POINTE DRIVE**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**16299 BRISTOL POINTE DRIVE**  
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**DELRAY BEACH FL**  
**Zip** 33446  
**Country** USA

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**DELRAY BEACH FL**  
**Zip** 33446  
**Country** USA

**4. FEI Number** ☒ **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**USLAR-PIETRI, EVELYN S**  
**5280 LAS VERDES CIRCLE #216**  
**DELRAY BEACH FL 33484**

**7. Name and Address of New Registered Agent**

**Name** **EVELYN S. USLAR-PIETRI**  
**Street Address (P.O., Box Number is Not Acceptable)**  
**16299 BRISTOL POINTE DRIVE**  
**City** **DELRAY BEACH FL** **Zip Code** 33446

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

**EVELYN S. USLAR-PIETRI**  
(NOTE: Registered Agent signature required when reinstating)

**4/23/03**  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	USLAR-PIETRI, EVELYN S	5280 LAS VERDES CIRCLE #216	DELRAY BEACH FL 33484	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	USLAR-PIETRI, EVELYN S	16299 BRISTOL POINTE DRIVE	DELRAY BEACH FL 33446		

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EVELYN S. USLAR-PIETRI** **4/23/03** **56-865-4615**  
Date Daytime Phone #

CR2E034 (10/02)