

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90172 032 ***150.00

DOCUMENT # P10654

1. Entity Name
J. B. C. CONSULTING, INC.

Principal Place of Business Mailing Address
% JOHN J. CARAMANICO, ASSOC. LTD **% JOHN J. CARAMANICO, ASSOC. LTD**
888 INTRACOSTAL DR. APT. 14A **888 INTRACOSTAL DR. APT. 14A**
FT. LAUDERDALE FL 33304 **FT. LAUDERDALE FL 33304**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt 14 A **Apt 14A**

City & State City & State

Zip Country Zip Country

4. FEI Number **52-0894036** Applied For
 Not Applicable

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

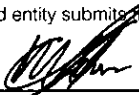
6. Name and Address of Current Registered Agent

FRENCH, MORTEN R III
2564 AVE. AU. SOLEIL
GULFSTREAM FL 33483

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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **CARAMANICO, BETTY**
 CITY-ST-ZIP **717 WARREN DR**
ANNAPOLIS MD 21403

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **CARAMANICO, EDWARD**
 CITY-ST-ZIP **717 WARREN DR**
ANNAPOLIS MD 21403

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **CARAMANICO, CHRIS**
 CITY-ST-ZIP **717 WARREN DR**
ANNAPOLIS MD 21403

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **888 Intracoastal Dr. Apt 14A**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **888 Intracoastal Dr. Apt 14B**
 CITY-ST-ZIP **Ft Lauderdale FL 33304**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7680 Laurel Oak Dr**
 CITY-ST-ZIP **Swanee, GA 30024**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:  **CHRISTOPHER J CARAMANICO** 1/8/02 678-513
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)