

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38331

1. Entity Name

S B JAX, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90012 004 ***150.00

| | |
|---|---|
| Principal Place of Business 2750 50 NORTH LAURA STREET JACKSONVILLE FL 32202 US | Mailing Address 2750 50 NORTH LAURA STREET JACKSONVILLE FL 32202 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business WUSA SERVICES, INC. Suite, Apt. #, etc. 701 PEACHTREE ROAD City & State ORLANDO Zip 32804 Country USA | 3. Mailing Address WUSA SERVICES, INC. Suite, Apt. #, etc. 701 PEACHTREE ROAD City & State ORLANDO Zip 32804 Country USA |
|---|---|

| | |
|---|--|
| 4. FEI Number 59-3103569 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
~~MOTOLAN, INC~~
 50 NORTH LAURA STREET
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 Name
 WUSA SERVICES INC.
 Street Address (P.O. Box Number is Not Acceptable)
 701 PEACHTREE ROAD
 City
 ORLANDO FL Zip Code
 32804

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 DATE 21 APR 00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHARTOUNI, NABIL 73 BROOK STREET LONDON W1 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUTHERLAND, BARBARA 73 BROOK STREET LONDON W1 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST VINOD, VAGHADIA 73 BROOK STREET LONDON W1 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT EWING, KEITH 604 COURTLAND ST STE 138 ORLANDO FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHARTOUNI, CAMCRON 73 BROOK STREET LONDON ENGLAND W17- 17E <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: V. VAGHADIA -- SECRETARY APRIL 13 2000 (407) 425 6880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)