

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90374 028 ***150.00

DOCUMENT # P38331

1. Entity Name
S B JAX, INC.

Principal Place of Business WWSA SERVICES, INC 701 PEACHTREE ROAD ORLANDO FL 32804 US	Mailing Address WWSA SERVICES, INC 701 PEACHTREE ROAD ORLANDO FL 32804 US
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2. Principal Place of Business 1936 Lee Road Suite, Apt. #, etc.	3. Mailing Address PO Box 2310 Suite, Apt. #, etc.
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City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789	Zip 32790-2310
Country USA	Country USA

4. FEI Number **59-3103569**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~WWSA SERVICES, INC.~~
~~701 PEACHTREE ROAD~~
~~ORLANDO FL 32804~~

7. Name and Address of New Registered Agent

Name
W & P Services, Inc.

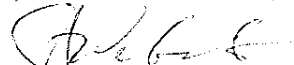
Street Address (P.O. Box Number is Not Acceptable)
1936 Lee Road

Suite 101

City
Winter Park

FL Zip Code
32789

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  **David A. Webster** 

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CHARTOUNI, CAMERON
 73 BROOK STREET
 LONDON ENGLAND W1

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:  **Vinod Vaghadia, Secretary** **APR 12 2001** **407-691-0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)