FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91212 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079654

1. Entity Name
J.C.GERVASI, INC.

11005198

Principal Place of Business	Mailing Address
226 S RIDGEWOOD DR SEBRING, FL 33870	226 S RIDGEWOOD DR SEBRING, FL 33870

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4320 WESTMINSTER RD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBRING, FL	City & State
Zip: 33875 Country: HIGHLANDS	Zip Country

4. FEI Number 65-0540306 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GERVASI, JIM 9320 WESTMINSTER ROAD SEBRING, FL 33876	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 4320 WESTMINSTER RD City: SEBRING FL Zip Code: 33875

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERVASI, JIM 4320 WESTMINSTER ROAD SEBRING, FL 33876 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

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: Jim Gervasi 4/17/03 863-381-6779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #