2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P96000052351 DOCUMENT

1. Entity Name

JVB REAL ESTATE SERVICES, INC.



Principal Place of Business Mailing Address 1656 PALM BEACH DR. 303 E ALTAMONTE DRIVE APOPKA FL 32712 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3395509 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUUN, JOE V Street Address (P.O. Box Number is Not Acceptable) 1656 PALM BEACH DRIVE APOPKA FL 32712 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003. Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition **BRUUN, JOHANNES V** NAME 1656 PALM BEACH DRIVE STREET ADDRESS APOPKA FL 32712 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME STREET ADDRESS CITY-ST-7IP Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90821 023 ***150.00

10. TITLE . CR2E034 (10/02) NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

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