

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068345

1. Entity Name

JC, SMELA & DUBOIS, INC.

Principal Place of Business

Mailing Address

2139 UNIVERSITY DR
172
CORAL SPRINGS FL 33071
US

2139 UNIVERSITY DR
172
CORAL SPRINGS FL 33071-6134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUBOIS, CATHI
2139 UNIVERSITY DR
#172
CORAL SPRINGS FL 33071

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|--------------------|-----------------------------|-------------------------------------|-------|--------------------|---|-------------|-------------------------------------|-------------------------------------|
| | D | DUBOIS, KEVIN A JR | 1 ROBIN LANE ROCKLAND MA | <input checked="" type="checkbox"/> | | Kevin A Dubois, Jr | 81 Surfside Road Scituate, MA 02066 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | PRESIDENT | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | | Denise A. Smela | 653 Banks Road Margate, FL 33063 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | | Vice President | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | | CATHI DUBOIS | 1211 Starburst Ln Ft. Lauderdale, FL 33068 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2000

Date

Daytime Phone #

478-3539

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90077 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)