

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000016160

1. Entity Name
JBS ADVISORS, INC.



Principal Place of Business
**1900 SUMMIT TOWER BLVD
SUITE 450
ORLANDO, FL 32810 US**

Mailing Address
**301 E. PINE STREET
STE 1400
ORLANDO, FL 32802**

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3433993

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MICHEAL, CLIFFORD W ESG
301 E. PINE STREET
STE 1400
ORLANDO, FL 32802**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000029178
02/04/04-80053-020 158.75**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JAWORSKI, DAN
STREET ADDRESS	1900 SUMMIT TOWER BLVD, SUITE 450
CITY- ST- ZIP	ORLANDO, FL 32810
TITLE	DVPS
NAME	SALAS, PABLO
STREET ADDRESS	1900 SUMMIT TOWER BLVD, SUITE 450
CITY- ST- ZIP	ORLANDO, FL 32810
TITLE	DVPT
NAME	BURROW, RYAN
STREET ADDRESS	1900 SUMMIT TOWER BLVD, SUITE 450
CITY- ST- ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Jaworski

Date

1/20/04

Daytime Phone #

407-660-6104