

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000052357

FILED
May 01, 2003
Secretary of State

Entity Name: JCAA ENTERPRISES, INCORPORATED

Current Principal Place of Business:

1001 WEST JASMINE DRIVE
SUITE J-1
LAKE PARK, FL 334032119 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 12929
LAKE PARK, FL 334030929

New Mailing Address:

POST OFFICE BOX 530946
LAKE PARK, FL 334030929

FEI Number: 65-0762424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MC KIBBON-TURNER, BAMBI
1001 WEST JASMINE DRIVE
SUITE J-1
LAKE PARK, FL 334032119 US

Name and Address of New Registered Agent:

MC KIBBON-TURNER, BAMBI
543 WEST KALMIA DRIVE
APT. 8
LAKE PARK, FL 334032119 US

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:

05/01/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKIBBON- TURNER, BAMBI
Address: 543 W. KALMIA DR., APT 8
City-St-Zip: LAKE PARK, FL 33403

Title: VP () Delete
Name: TURNER, JOHN M. III
Address: 701 MUIRFIELD DRIVE
City-St-Zip: WINDER, GA 30680

Title: ST () Delete
Name: CHAPPELLE, LISA D.
Address: 248 REYNOLDS TERR. APT 1-R
City-St-Zip: ORANGE, NJ 07050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KORMAN, RUTH ELLEN
Address: 543 W. KALMIA DR., APT 4
City-St-Zip: LAKE PARK, FL 33403

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA D. CHAPPELLE

ST

05/01/2003

Electronic Signature of Signing Officer or Director

Date