DO NOT WRITE IN THIS SPACE

P97000067046

JBDC, INC.

Principal Place of Business

6100 CANAL ROAD

LOT 25

ORLANDO FL 32827

US

BRAMAN, ROBIN R 1380-ULBURNUM LANE WINTER PARK FL 32792

Country

Drive W.

City.& State

ÚC

Mailing Address

3. Mailing Address

4980-ULBURNAM LAND

WINTER PARK-FL 92792

Name and Address of Current Registered Agent

4. FEI Number

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

59-3459228

Applied For

\$8.75 Additional

Fee Required

Not Applicable

8. The above nar submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATU

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition NAME BRAMAN: ROBIN R NAME STREET ADDRESS STREET ADDRESS 1380 ULBURNUM LANE CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32792 TITLE ☐ Delete TITLE **Change** ☐ Addition NAME BRAMAN, JEFFREY D NAME D. Braman STREET ADDRESS STREET ADDRESS 1380 ULBURNUM LANE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Delete ☐ Addition ___ Change NAME NAME SYSC, JIM STREET ADDRESS STREET ADDRESS 515 DIANE CIR. CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 TITLE ☐ Delete TITLE Change Addition NAME NAME LONG, PAUL D STREET ADDRESS STREET ADDRESS 3303 DRAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 supplied ental 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

CITY-ST-7IP

SIGNATURE:

CR2E034 (9/01)