

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91016 025 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P97000084656</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                    |  |
| 1. Entity Name<br><b>JIM'S WATCHES WHOLESALE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                     |  |
| Principal Place of Business<br>9631 SR 33 N.<br>POLK CITY, FL 33868                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Mailing Address<br>9631 SR 33 N.<br>POLK CITY, FL 33868                                                                                             |  |
| 2. Principal Place of Business<br><b>1116 S. FL AVE.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 3. Mailing Address<br><b>SAME</b>                                                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Suite, Apt. #, etc.                                                                                                                                 |  |
| City & State<br><b>LAKELAND, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | City & State                                                                                                                                        |  |
| Zip<br><b>33803</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country                                                                                                                                             |  |
| 4. FEI Number<br><b>65-0856890</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Applied For<br>Not Applicable                                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Additional Fee Required <b>\$8.75</b>                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><b>CASTIGLIONE, JAMES</b><br><b>9631 SR 33 N.</b><br><b>POLK CITY, FL 33868</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <u><i>James Castiglione Jr.</i></u> DATE <u><i>3/19/03</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when electing.)</small>                                                                                                                                                                            |  |                                                                                                                                                     |  |
| FILE NOW! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PSTD</b><br><b>CASTIGLIONE, JAMES</b><br><b>9631 SR 33 N.</b><br><b>POLK CITY, FL 33868</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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 changed, or on an attachment with an address, with all other like empowered. |  |                                                                                                                                                     |  |
| SIGNATURE: <u><i>James Castiglione Jr.</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | DATE <u><i>3/19/03</i></u>                                                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Date Daytime Phone #                                                                                                                                |  |

10046676



☐ CHECK HERE IF MAKING CHANGES

CR20034 (10/02)