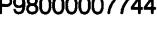
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P98000007744

1. Entity Name J-V RANCH, INC.



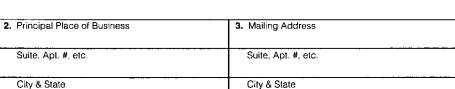


Principal Place of Business 6105 S.W. GATOR TRAIL PALM CITY FL 34990

Mailing Address

6105 S.W. GATOR TRAIL 90

PALM	CITY	FL	349



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90312 011 ***150.00



	CHECK	HERE	۱F	MAKING	CHANGES
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City & State		City & State		4. FEI Number 65-0808353			Applied For	
							Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	1 / * *	3.75	Additional	

6. Name and Address of Current Registered Agent

ROSADO, FELIX 6105 S.W. GATOR TRAIL PALM CITY FL 34990

7. Name and Address of New Registered Agent						
Name	. —— <u>——</u>	-				
Street Address (P.O. Box Number is Not Accept	able)					
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition TITLE □ Delete ROSADO, FELIX NAME NAME 6105 S.W. GATOR TRAIL STREET ADORESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE Change ☐ Addition ROSADO, VICKI NAME NAME STREET ADDRESS STREET ADDRESS 6105 S.W. GATOR TRAIL CITY-ST-ZIP CITY-ST-ZIE PALM CITY FL 34990 TITLE · 🔁 • Detete 🗝 🏺 💝 TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIF ☐ Defete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attacher