

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063282

1. Entity Name

SB JAX HOLDINGS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90012 007 \*\*\*150.00

Principal Place of Business

Mailing Address

~~MILAM OTERO LARSEN~~  
~~275 SO NORTH LAURA ST~~  
~~JACKSONVILLE FL 32202~~  
~~US~~

~~MILAM OTERO LARSEN~~  
~~275 SO NORTH LAURA ST~~  
~~JACKSONVILLE FL 32202~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

UWSA SERVICES, Inc  
 Suite, Apt. #, etc.  
701 PEACHTREE ROAD

UWSA SERVICES, Inc  
 Suite, Apt. #, etc.  
701 PEACHTREE ROAD

City & State  
ORLANDO

City & State  
ORLANDO

4. FEI Number

59-3523286

Applied For

Not Applicable

Zip  
32804

Country  
USA

Zip  
32804

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOTOLAW, INC.  
50 N LAURA ST  
SUITE 2750  
JACKSONVILLE FL 32202

Name  
UWSA SERVICES, Inc

Street Address (P.O. Box Number is Not Acceptable)

701 PEACHTREE ROAD

City  
ORLANDO

FL

Zip Code  
32804

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
PD  
CHARTOUNI, NABIL E  
73 BROOK STREET  
LONDON W1Y 1YE ENGLAND

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
D  
SUTHERLAND, BARBARA  
73 BROOK STREET  
LONDON W1Y 1YE ENGLAND

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
VPT  
VAGHADIA, VINOD  
73 BROOK ST  
LONDON W1Y 1YE ENGLAND

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
S  
LAPWOOD, CAROL  
73 BROOK ST  
LONDON W1Y 1YE ENGLAND

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
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☐ Change ☐ Addition

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 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)