

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065387

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90339 014 \*\*\*150.00

00022088



DO NOT WRITE IN THIS SPACE

<b>1. Entity Name</b> JBC INTERNATIONAL ARTISTS, INC.				UUUZZU88    DO NOT WRITE IN THIS SPACE			
<b>Principal Place of Business</b> 2250 EAST LAKE MARY BLVD. SANFORD FL 32773		<b>Mailing Address</b> 2250 EAST LAKE MARY BLVD. SANFORD FL 32773					
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.					
<b>City &amp; State</b>  Zip		<b>City &amp; State</b>  Zip					
<b>Country</b>		<b>Country</b>		<b>4. FEI Number</b> 59-3526049 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b> BYRON HOOD, BURON J JR 2250 E LAKE MARY BLVD SANFORD FL 32773							
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City							
FL Zip Code							
<b>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.</b>							
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STURNVANT, JILL		NAME				
STREET ADDRESS	2250 E LAKE MARY BLVD		STREET ADDRESS				
CITY-ST-ZIP	SANFORD FL 32773		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOOD, BYRON J JR		NAME				
STREET ADDRESS	2250 E LAKE MARY BLVD		STREET ADDRESS				
CITY-ST-ZIP	SANFORD FL 32773		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
<b>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.</b>							
<b>SIGNATURE:</b> <i>Byron J. Hood Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/10/01 <small>Date</small>		407 323 6511 <small>Daytime Phone #</small>		

CR2E034 (10/00)