

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90102 032 ***150.00

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DOCUMENT # P98000065387

1. Entity Name

JBC INTERNATIONAL ARTISTS, INC.

Principal Place of Business

**2250 EAST LAKE MARY BLVD.
SANFORD FL 32773**

Mailing Address

**2250 EAST LAKE MARY BLVD.
SANFORD FL 32773**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3526049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOOD, BURON J JR
2250 E LAKE MARY BLVD
SANFORD FL 32773**

7. Name and Address of New Registered Agent

Name **HOOD, BYRON J. JR.**

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

2250 E. LAKE MARY BLVD.

City

SANFORD

FL

Zip Code

32773

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 **BYRON J. HOOD JR.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB. 10, 2002

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, 2002 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

VP
STURNVANT, JILL
2250 E LAKE MARY BLVD
SANFORD FL 32773 ☐ Delete

S
HOOD, BYRON J JR
2250 E LAKE MARY BLVD
SANFORD FL 32773 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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

FEB. 10, 2002

Date

407-323-6511

Daytime Phone #