

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90094 010 ***150.00

DOCUMENT # P98000069526

1. Entity Name
JSC ENTERPRISES, INC.



Principal Place of Business
**22050 SPRING MILL CT.
ESTRO FL 33928**

Mailing Address
**22050 SPRING MILL CT.
ESTRO FL 33928**

2. Principal Place of Business
3820 Colonial Blvd.

3. Mailing Address
3820 Colonial Blvd.

Suite, Apt. #, etc.
#201

Suite, Apt. #, etc.
#201

City & State
Fort Myers FL

City & State
Fort Myers FL

Zip Country
33912 USA

Zip Country
33912 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0864372**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CONNERY, JEFFREY S
22050 SPRING MILL CT.
ESTRO FL 33928**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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. (NOTE: Registered Agent signature required when reinstating) DATE

**FE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNERY, JEFFREY S 22050 SPRING MILL CT. ESTRO FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: **Jeffrey S. Connery** **3-6-03** **239-939-9206**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0504110 AV

CR2E034 (10/02)