FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90246 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102211

1. Entity Name
JW 1999 CORPORATION

90123743

Principal Place of Business	Mailing Address
100 EXECUTIVE WAY, SUITE 110 PONTE VEDRA, FL 32082	100 EXECUTIVE WAY SUITE 110 PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business	3. Mailing Address
4439 Seabreeze Dr.	4439 Seabreeze Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32250 Country:	Zip: 32250 Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3544678 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREWELL, BRUCE
~~400 EXECUTIVE WAY, SUITE 110~~
~~PONTE VEDRA, FL 32082~~

7. Name and Address of New Registered Agent

Name: Bruce W. Grewell
Street Address (P.O. Box Number is Not Acceptable): 4439 Seabreeze Dr
City: Jacksonville FL Zip Code: 32250

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: N.A.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $400.00
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	DC	☒ Delete	TITLE	D/P/S	☐ Change ☒ Addition
NAME	JULIAN, DAVID H		NAME	John J. Wloszyn	
STREET ADDRESS	580 WASHINGTON		STREET ADDRESS	323 W. Camden St., Suite 675	
CITY-ST-ZIP	GLENCOE, IL 60022		CITY-ST-ZIP	Baltimore, MD 21201	
TITLE	DVP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	JULIAN, ROBERT S		NAME		
STREET ADDRESS	812 OZK ST. #402		STREET ADDRESS		
CITY-ST-ZIP	WINNETKA, IL 60093		CITY-ST-ZIP		
TITLE	~~SEC~~	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	GREWELL, BRUCE		NAME	Bruce W. Grewell	
STREET ADDRESS	~~100 EXECUTIVE STE 110~~		STREET ADDRESS	4439 Seabreeze Dr.	
CITY-ST-ZIP	~~PONTE VERDE, FL 32082~~		CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	JULIAN, HEATHER		NAME		
STREET ADDRESS	580 WASHINGTON		STREET ADDRESS		
CITY-ST-ZIP	GLENDE, IL 60022		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	JULIAN, SUSAN		NAME		
STREET ADDRESS	580 WASHINGTON		STREET ADDRESS		
CITY-ST-ZIP	GLENCOE, IL 600022		CITY-ST-ZIP		
TITLE	AS	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	GAMBLE, CONSTANCE		NAME		
STREET ADDRESS	100 EXECUTIVE WAY STE 110		STREET ADDRESS		
CITY-ST-ZIP	PONTE VERDE, FL 32082		CITY-ST-ZIP		

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: John J. Wloszyn 4/29/03 410-659-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John J. Wloszyn
President