

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018173

1. Entity Name  
JCS, INC.FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90463 005 \*\*\*150.00

UUU43336



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1265 SURF ROAD RIVIERA BEACH FL 33404	Mailing Address 1265 SURF ROAD RIVIERA BEACH FL 33404
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2. Principal Place of Business <i>1601 Broadway</i>	3. Mailing Address <i>1601 Broadway</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>RIVIERA BEACH FL</i>	City & State <i>RIVIERA BEACH FL</i>
Zip <i>33404</i>	Country <i>Palms Beach</i>
Zip <i>33404</i>	Country <i>Palms Beach</i>

6. Name and Address of Current Registered Agent  KUHARCHIK, JOSEPH ESQUIRE 1211 THE PLAZA SINGER ISLAND FL 33404	7. Name and Address of New Registered Agent
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> 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.

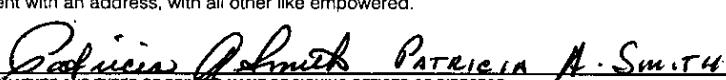
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

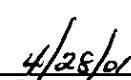
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOSEPH C 1265 SURF ROAD RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, PATRICIA A 1265 SURF RD RIVERA BCH FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 (10/00)