

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91108 012 \*\*\*150.00

**DOCUMENT # P99000035245**  
 1. Entity Name  
**JCW ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
 7590 16TH AVE N. 7590 16TH AVE N.  
 SAINT PETERSBURG FL 33710 SAINT PETERSBURG FL 33710

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **74-2918517** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WILBER, CHARLES**  
**7590 16TH AVE., N.**  
**ST. PETERSBURG FL 33710**

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.

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

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, 2001 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	<b>WILBER, JUSTIN</b>	
STREET ADDRESS	<b>7590 16TH AVE N.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33710</b>	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	<b>WILBER, JUSTIN</b>	
STREET ADDRESS	<b>7590 16TH AVE N.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33710</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<del>SA</del> <b>WILBER, CHARLES</b>	
STREET ADDRESS	<b>7590 16TH AVE N.</b>	
CITY-ST-ZIP	<b>ST. PETE, FL 33710</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Charles W. Wilber V.P. **CHARLES W. WILBER** 4-28-01 757-643-8404  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Date Daytime Phone #

CR2E034 (10/00)