FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

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DOCU 1. Entity Nar	MENT # P99000	05-27-	05-27-2002 90445 013 ***150.00			
Jo	CW ENTERPRI	SES INC				
	DO NOT WRITE	IN THIS SI	PACE	in the second se		
2. Principal Place of Business 3. Mailing Address			COUFUL DO	2		
3790 TyRONE BLVD. 1034 S. WATE Suite, Apt. #, etc. Suite, Apt. #, etc.		KUIZW DI		DO NOT WRITE IN THIS SPACE		
City & Star 57. PE	TERSBYRG FL	City & State INVERNESS	FL	4. FEI Number 742918517	-	Applied For Not Applicable
33716	Country	^{Zip} 34450	Country <i>USA</i>	5. Certificate of Status Desired		5 Additional equired
الله المراجعة المراج				7. Name and Address of Curre		
the second second		and the company of th	Name	ARLES WILBER		
	DO NOT W	RILE	Street Add	ress (P.O. Box Number is Not Acceptal 5. WATER VIEW	ole)	-
	IN THIS SP	ACE		13. WATER VIEW	DR	
			City To	UERNESS	FL Zig	Code 50
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or re	egistered agent, or both, in the State of I		,,,,,,,
	01 1 1111					-
SIGNATURE	Signature, typed or printed name of registered agent at	ori title d'applicable (NOTE	: Registered Agent signature	required when reinerating)	4-30-0	2
A 71-10-2			av 1 Fee Is \$150.0			
	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May	1, Fee Is \$550.00	10. Election Campaign F	~ —	\$5.00 May Be
(See crite	eria on back)	Make Check Payab	I USR is \$61.25 le to Department o	Trust Fund Contribut	ion. Ll	Added to Fees
11.	OFFICERS AND D	DIRECTORS				
TITLE NAME	THATIN WILBER		NAME	the second part of marking to the second		a way may be a second
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CITY-ST-ZIP	INVERNESS FL		CITY-ST-ZIP		Chair and A dire	34 7 000
TITLE	S	,	i tale			Francis Co
NAME	LYNN DAVIS		NAME			
STREET ADDRESS CITY-ST-ZIP	3190 TYRONE BLUD ST. PETE FL 3371		STREET ADDRESS	DO NOT	WRITE	
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NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	The second secon	A COMMITTEE OF THE STATE OF THE	
	cartify that the information	nin filim - d	CITY-ST-ZIP			
indicated of the cor attachmen	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empor not with an address, with all other like emp	ris ning does not qualify for true and accurate and that mi wered to execute this report	tne exemption stated y signature shall have as required by Chap	in Section 119.07(3)(i). Florida Statutes. the same legal effect as if made under ter 607, Florida Statutes; and that my n	I further certify that oath; that I am an ol ame appears in Blor	the information fficer or director ck 11 or on an