

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-27-2002 90445 013 ***150.00

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3790 TYRONE BLVD.
Suite, Apt. #, etc.

3. Mailing Address
1024 S. WATERVIEW DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG FL

City & State
INVERNESS FL

4. FEI Number
742918517

Applied For
 Not Applicable

Zip
33710

Country
USA

Zip
34450

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CHARLES WILBER

Street Address (P.O. Box Number is Not Acceptable)
1024 S. WATERVIEW DR

City
INVERNESS

FL

Zip Code
34450

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 **Charles Wilber** ✓

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

DATE **4-30-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P	TITLE	
NAME	JUSTIN WILBER	NAME	
STREET ADDRESS	6742 3RD AVE. N	STREET ADDRESS	
CITY-ST-ZIP	ST. PETE, FL 33710	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	CHARLES WILBER	NAME	
STREET ADDRESS	1024 S. WATERVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 34450	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	LYNN DAVIS	NAME	
STREET ADDRESS	3790 TYRONE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ST. PETE, FL 33710	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles Wilber (CHARLES WILBER)**

DATE: **4-30-02**

DAYTIME PHONE: **352-613-4646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)