

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085971

1. Entity Name
JBSoft CONSULTING, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90395 037 ***158.75

Principal Place of Business
658 LAKE BOULEVARD
FORT LAUDERDALE FL 33326

Mailing Address
658 LAKE BOULEVARD
FORT LAUDERDALE FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0944161

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAND, J. MAURICE
19643 N.W. 87TH COURT
HIALEAH FL 33018

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

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
BEMMAN, W. JOHN III
658 LAKE BLVD
FORT LAUDERDALE FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHN Gasset
2720 SE 14th Street
Pompano Beach, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800 CTO
BRAND, J. MAURICE
19645 NW 8TH CT
HIALEAH FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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:

W. John Bemman III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2001
Date

Daytime Phone #

CR2E034 (10/00)