

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90183 010 ***150.00

DOCUMENT # P990000088589

1. Entity Name

JWC MANAGEMENT CO INC

Principal Place of Business

**53 OAK MANOR DR
 CAPE CANAVERAL FL 32920**

Mailing Address

**53 OAK MANOR DR
 CAPE CANAVERAL FL 32920**

2. Principal Place of Business

1462 GLEN COVE AVE NW

3. Mailing Address

P.O. BOX 110353

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

PALM BAY FL

Zip

32907

Country

Zip

32911-0353

Country

4. FEI Number

59-3623375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VENUTI, LOUIS
 131 HARRISON ST
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

400 ORANGE ST

City

TITUSVILLE

FL

Zip Code

32786

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

John Venuti

LOUIS VENUTI

4-5-02

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **CURRAN, JOHN W**
 CITY-ST-ZIP **53 OAK MANOR DR
 CAPE CANAVERAL FL 32920**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CURRAN, MARY V**
 CITY-ST-ZIP **53 OAK MANOR DR
 CAPE CANAVERAL FL 32920**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1462 GLEN COVE AVE NW**
 CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1462 GLEN COVE AVE NW**
 CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

John W Curran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-724-0150

4-6-02

CR2E034 (9/01)