

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90016 040 \*\*\*150.00

06963029 AT

**DOCUMENT # P96000000248**

1. Entity Name

**JBG CORPORATION OF CENTRAL FLORIDA**

Principal Place of Business

**55406 HUGH DR  
 ASTOR FL 32102**

Mailing Address

**1617 JUNO TRAIL  
 ASTON FL 32102  
 \* ASTOR**

2. Principal Place of Business

**55406 Hugh Dr**  
 Suite, Apt. #, etc.

3. Mailing Address

**1617 JUNO TRAIL**  
 Suite, Apt. #, etc.

City & State

**Astoria, fl**

City & State

**Astoria, fl**

4. FEI Number

**59-3357558**

Applied For

Not Applicable

Zip

**32102**

Country

**LAKE**

Zip

**32102**

Country

**Volusia**

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

**GLIDDEN, JAMES B  
 1617 JUNO TRL  
 ASTOR FL 32102**

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

*James B. Glidden*

*01/08/02*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GLIDDEN, JAMES B.</b>	
STREET ADDRESS	<b>1617 JUNO TRL</b>	
CITY-ST-ZIP	<b>ASTOR FL 32102</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GLIDDEN, JOAN M.</b>	
STREET ADDRESS	<b>1617 JUNO TRL</b>	
CITY-ST-ZIP	<b>ASTOR FL 32102</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:** *James B. Glidden* **James B. Glidden** 01/08/02 352-759-2311  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)