## AMENOEN FOR PROFIT CORPORATIO UNIFORM BUSINESS REPORT (UBR)

09-16-2003 90005 040 \*\*\*\*61.25

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SCONETARY OF SIMIE.

DOCUMENT # 576648
1. Entity Name
THE JAMES GAMG, INC



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DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business  / 30 North 2nd 56  Suite, Apt. #, etc.	3. Mailing Address 130 NORTW 2ND ST Sulte, Apt. #, etc.		. DO NOT WRITE IN THIS SPACE	
City & State FT. PLERCE Florida	FT. PIERCE, FL		4. FEI Number 48854	Applied For Not Applicable
Zip Country	34950	Country 715A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		130 N.	7. Name and Address of Current Registered Agent  Name TYLER JAMES  Street Address (P.O. Box Injumber is Not Acceptable)	
•		CityFT	PIERCE F	139950
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, by the printed name it registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Fforida Department of State				
TITLE PRESIDENT NAME STREET ADDRESS CITY-ST-ZIP TITLE  OFFICERS AND C  TYLER JAMES  LANG ST FL  TITLE	34750	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		-
STREET ADDRESS		NAME STREET ADDRESS CITY-ST-ZIP		
NAME TYLER JAMES STREET ADDRESS 130 N 2 NO STREET		TITLE NAME STREET ADDRESS OITY- ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPA	CE
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	K9/17	,
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	β'	

indicated on this report or supplied with this rining does not qualify for the exemption stated in Section 119.07(3)(f). 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.