

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 11, 2001 8:00 am
Secretary of State

03-21-2001 90034 013 ***150.00

DOCUMENT # 834476

1. Entity Name

JGB INDUSTRIES, INC.

Principal Place of Business

Mailing Address

**SUMMIT & NORFOLK ST
PO BOX 25609
RICHMOND VA 23260**

**SUMMIT & NORFOLK ST
PO BOX 25609
RICHMOND VA 23260**

2. Principal Place of Business

1716 Summit Ave
Suite, Apt. #, etc.

3. Mailing Address

1716 Summit Ave
Suite, Apt. #, etc.

City & State

Richmond VA
Zip Country

City & State

Richmond VA
Zip Country

4. FEI Number

54-0459054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **ILL, ANTHONY M**
STREET ADDRESS **1716 SUMMIT AVE**
CITY-ST-ZIP **RICHMOND VA 23230**

TITLE **S** ☐ Delete
NAME **DODD, ANNE G**
STREET ADDRESS **1716 SUMMIT AVE**
CITY-ST-ZIP **RICHMOND VA 23230**

TITLE **VCT** ☐ Delete
NAME **BAKER, JOSEPH G JR.**
STREET ADDRESS **1716 SUMMIT AVENUE**
CITY-ST-ZIP **RICHMOND VA 23230**

TITLE **C** ☐ Delete
NAME **BAKEK, J G**
STREET ADDRESS **1716 SUMMIT AVENUE**
CITY-ST-ZIP **RICHMOND VA 23230**

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
CITY-ST-ZIP

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

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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: *Anne Garland Dodd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

Date

(804)342-8602

Daytime Phone #

ANNE Garland Dodd

CR2E034 (10/00)