

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90326 026 ***550.00

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1. Entity Name
GJ-GEORGIA PROPERTIES, INC.



Principal Place of Business
**110 FIVE POINTS ROAD
LYONS GA 30436**

Mailing Address
**P.O BOX 349
LYONS GA 30436**



2. Principal Place of Business

3. Mailing Address

12575 Hwy 70E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OKEECHOBEE FLORIDA

4. FEI Number **58-2459267**

Applied For
Not Applicable

Zip

Country

Zip

34902

Country

USA

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

**CASSELS, JOHN D JR
400 NW 2ND ST
OKEECHOBEE FL 34972**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	GOODBREAD, GEORGE A	
STREET ADDRESS	12575 HWY 70 E	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	DST	<input type="checkbox"/> Delete
NAME	JORDON, JAMES LARRY	
STREET ADDRESS	108 FIVE POINTS RD	
CITY-ST-ZIP	LYONS GA 30436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

George A Goodbread 7-11-03 863-763-2838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)