

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H34069**

1. Entity Name
S. J. A. CONSULTING, INC.

Principal Place of Business
**% JIMMY P. GRIFFIN
2941 PALM BEACH BLVD.
FT. MYERS FL 33916**

Mailing Address
**P. O. DRAWER 1490
2941 PALM BEACH BLVD.
FT. MYERS FL 33902-1490
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**FILED
Mar 06, 2002 8:00 am
Secretary of State**

03-06-2002 90127 050 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2475675	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRiffin, JIMMY P.
P. O. DRAWER 1490
FT. MYERS FL 33902**

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, 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 **S**
NAME **GRiffin, JIMMY P.**
STREET ADDRESS **2941 PALM BCH. BLVD.**
CITY-ST-ZIP **FT. MYERS FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE **P**
NAME **GRiffin, SALLY P.**
STREET ADDRESS **2941 PALM BCH. BLVD.**
CITY-ST-ZIP **FT. MYERS FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE **D**
NAME **RICCIARDI, ABBIE W.**
STREET ADDRESS **2941 PALM BCH. BLVD.**
CITY-ST-ZIP **FT. MYERS FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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: *Sally P. Griffin, Pres. SALLY P. Griffin* 2/22/02 (94) 337-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2002
AV