

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H70449

1. Entity Name

J.P.G.C., INC.

Principal Place of Business

4754 S. CONGRESS AVENUE
LAKE WORTH FL 33461

Mailing Address

4754 S. CONGRESS AVENUE
LAKE WORTH FL 33461-4716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SCHROEDER, DOUG
4754 SOUTH CONGRESS AVE.
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name Doug Schroeder

Street Address (R.F. Box Number is Not Acceptable)

Same

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, 2000 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 S ☐ Delete
NAME DOPPELT, MANDEL
STREET ADDRESS 3200 MONET DRIVE
CITY-ST-ZIP PALM BEACH GDNS FL

TITLE P ☐ Delete
NAME SPRINGER, ALAN
STREET ADDRESS 3089 CHATEAU LANE
CITY-ST-ZIP PALM BEACH GDNS FL

TITLE VP ☐ Delete
NAME SCHROEDER, DOUG
STREET ADDRESS 6204 GRAND CYPRESS CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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: Doug Schroeder Doug Schroeder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000 561-642-7596
Date Daytime Phone #

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90037 017 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2674972**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CP25024 10/00