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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #L48465		
1. Entity Name J.J.G. MARKETING, INC.		
Principal Place of Business % MICHAEL GLERHER CPA 1800 NORTH DOUGLAS ROAD #102 PENSACOLA, FL 33024		Mailing Address DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE, FL 32302-1500
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent GLEICHER, MICHAEL CPA 1800 NORTH DOUGLAS ROAD #102 PENSACOLA, FL 33024		4. FEI Number 65-0165094
5. Name and Address of New Registered Agent		Applied For ☐ Not Applicable
Name		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code
6. 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 agents.		
SIGNATURE _____ Signature, together printed name of registered agent and UBR 1 application. NOTE: Registered Agent Signature Required when accounting. DATE		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
STREET ADDRESS	3768 CARAMBOLA CIRCLE NORTH	
CITY-ST-ZIP	COCONUT CREEK FL 33066-2444	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
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 190.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature has the same legal effect as if made under oath; that I am an officer or director of the corporation or a trustee empowered to execute this report as required by Chapter 657, 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 the employees.		
SIGNATURE: <i>Jerry Jay Greene</i> JERRY JAY GREENE		4/25/2003 954-970-3500