

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N95000000276**

1. Entity Name

**CJC SERVICES CORPORATION**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 12 PM 1:13



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3927 CRAWFORDVILLE HWY., #200/7 TALLAHASSEE FL 32310		3927 CRAWFORDVILLE HWY., #200/7 TALLAHASSEE FL 32310	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

4. FEI Number	<b>59-3291517</b>	Applied For	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMAS, SEMMEAL 580 N MAGNOLIA ST. MONTICELLO FL 32344		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERGUSON, GARY</b> <b>2900 APALACHEE PKWY. A102</b> <b>TALLAHASSEE FL 32399-0535</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300004597263--2</b> <b>-09/18/01--01064--004</b> <b>*****61.25 *****61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRICE, D L</b> <b>5180 FIELDGREEN CROSSING</b> <b>STONE MOUNTAIN GA 30088</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITESIDE, CHARLES</b> <b>7540 N. WOLCOTT AVENUE</b> <b>CHICAGO IL 60626</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CURRY, C. WHITESIDE</b> <b>1000 SEMINOLE DR</b> <b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CURRY, JOSEPH</b> <b>1000 SEMINOLE DR</b> <b>TALLAHASSEE FL 32301</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CURRY, C JOI</b> <b>1000 SEMINOLE DR</b> <b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SP</b>

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 617, 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 C. WHITESIDE-CURRY, (President) (FD) (850) 942-6188

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