

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90074 007 ***550.00

0118912 AT

DOCUMENT # P00000035851

1. Entity Name
THE JBAY GROUP, INC.

Principal Place of Business
**115 LAKE HOBBS RD.
 LUTZ FL 33549**

Mailing Address
**115 LAKE HOBBS RD.
 LUTZ FL 33549**

2. Principal Place of Business
22108 Yacht Club Terrace
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 282
 Suite, Apt. #, etc.

City & State
Land O Lakes FL
 Zip
34639 Country
US

City & State
Lutz FL
 Zip
33548 Country
US

4. FEI Number **EIN#**
59-3658645

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BATES, JON V
 115 LAKE HOBBS RD.
 LUTZ FL 33549**

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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Secretary
Julie L. BATES
22108 Yacht Club Terrace
Land O' Lakes FL 34639

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-01 **813-9094289**
 Date Daytime Phone #

CR2E034 (5/01)