

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90300 039 ***150.00

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DOCUMENT # P00000040653

1. Entity Name
J & B GROUP, INC.



Principal Place of Business
**201 PARK PL., STE. 300
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**201 PARK PL., STE. 300
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business
3692 Kestrel Ct
Suite, Apt. #, etc.

3. Mailing Address
3692 Kestrel Ct
Suite, Apt. #, etc.

City & State
Melbourne, FL
Zip Country
32934 US

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Melbourne, FL
Zip Country
32934 US

4. FEI Number **59-3643228**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, KAREN
6370 N US HWY 1
MELBOURNE FL 32740**

7. Name and Address of New Registered Agent

Name
Gurraj S. Grewal

Street Address (P.O. Box Number is Not Acceptable)

3692 Kestrel Ct

City **Melbourne** **FL** Zip Code **32934**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☒ Delete
NAME **BHALLA, ANUP**
STREET ADDRESS **2302 WAYNE RD.**
CITY-ST-ZIP **SAVANNAH TN 38372**

TITLE **VS** ☐ Delete
NAME **GREWAL, GURRAJ S**
STREET ADDRESS **863 TENNESSEE AVE N**
CITY-ST-ZIP **PARSONS TN 38363**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 **PT. Shamsher S. Grewal**
STREET ADDRESS **3692 Kestrel Ct**
CITY-ST-ZIP **Melbourne, FL 32934**

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

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

Date

731-847-4700

Daytime Phone #

CR2E034 (10/02)