

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 44586

1. Entity Name

J. G. G. Management Inc.

Principal Place of Business

Mailing Address

6204 62<sup>nd</sup> Way  
WPA FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

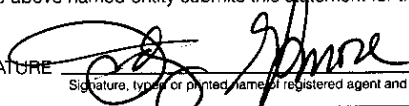
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Judy Gilmore  
4758 Sea Oats Circle  
WPA FL 33417

Name Judy Gilmore  
Street Address (P.O. Box Number is Not Acceptable)  
6204 62<sup>nd</sup> Way  
City WPA FL Zip Code 33409

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

March 29, 2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME Judy Gilmore  
STREET ADDRESS 4758 Sea Oats Cir  
CITY-ST-ZIP WPA FL 33417

TITLE ☐ Change ☐ Addition  
NAME Judy Gilmore  
STREET ADDRESS 6204 62<sup>nd</sup> Way  
CITY-ST-ZIP WPA FL 33409

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Delete  
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 29, 2001 561-229-6319

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90015 012 \*\*\*150.00

A0042939

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)