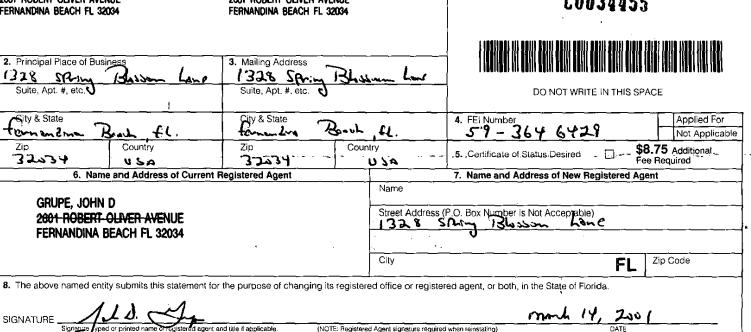
## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P0000049821 1. Entity Name JGRUPE CONSULTING, INC. Principal Place of Business Mailing Address 2601 ROBERT OLIVER AVENUE 2601 ROBERT OLIVER AVENUE FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 3. Mailing Address 2. Principal Place of Business 1328 SA: (318 SPrin Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 合っい Country 37724 32234 4 & A U 14 6. Name and Address of Current Registered Agent Name GRUPE, JOHN D 2601 ROBERT-OLIVER AVENUE

FERNANDINA BEACH FL 32034

## FILED Mar 16, 2001 8:00 am Secretary of State

03-16-2001 90019 046 \*\*\*150.00

U0034455



This corporation is eligible to satisfy its Intangible     Tax filling requirement and elects to do so.     (See criteria on back)			After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State			10. Election Campaign Financing Trust Fund Contribution.		
11.	OFF	ICERS AND DIRE	CTORS	12.	AD	DITIONS/CH	ANGES TO OFFIC	ERS AND
TITLE NAME	PSTD GRUPE, JOHN D		☐ Delete	TITLE				
STREET ADDRESS	2001 ROBERT OLIVE	R-AVENUE		NAME STREET ADDRESS	1328	S Pring	Bloom	Line

CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS d. . . (140Y CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

E OF SIGNING OFFICER OR DIRECTOR

GRUPE

\$5.00 May Be Added to Fees

☐ Addition

DIRECTORS IN 11