

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90297 018 \*\*\*158.75

**DOCUMENT # P0000080457**

1. Entity Name  
**JOURNEY GROUP, INC.**

Principal Place of Business      Mailing Address  
**5341-10TH STREET      5341-10TH STREET**  
**ZEPHYRHILLS FL 33540      ZEPHYRHILLS FL 33540**

2. Principal Place of Business      3. Mailing Address  
**5341-10th STREET      P.O. Box 278**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Zephyrhills, FL</b>		City & State <b>Zephyrhills, FL</b>		4. FEI Number <b>59-3607841</b>	Applied For <input type="checkbox"/>
Zip <b>33541</b>	Country <b>PASCO</b>	Zip <b>33539</b>	Country <b>PASCO</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent  
**JOHNSON, LEONARD H**  
**37837 MERIDIAN AVENUE**  
**SUTIE 314**  
**DADE CITY FL 33525**

7. Name and Address of New Registered Agent  
 Name **Russell M Taylor Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5341 10th St.**  
**Zephyrhills, FL**  
 City **FL** Zip Code **33541**

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 *Russell M Taylor Jr.* DATE **01-30-01**  
Signature, typed or printed name of registered agent and date of filing (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAYLOR, RUSSELL M JR.</b> <b>37714 POINSETTIA AVENUE Poinsettia Ave</b> <b>DADE CITY FL 33526</b>	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>SANGPRASERT, SUPPAVUT</b> <b>5314 10TH STREET</b> <b>ZEPHYRHILLS FL 33540</b>	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>SHOWMAN, ROBERT L JR</b> <b>5314 10TH STREET</b> <b>ZEPHYRHILLS FL 33540</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Russell M Taylor Jr.* DATE: **01-30-01** DAYTIME PHONE #: **813-779-2278**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)