

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90355 011 \*\*\*150.00

**DOCUMENT #** 001000009997

**1. Entity Name** J.G. Restoration Holdings Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1601 Forum Place

Suite, Apt. #, etc.

801

City & State

West Palm Beach, FL

Zip

33401

Country

USA

**3. Mailing Address**

Joy Graham c/o John Paxman

Suite, Apt. #, etc.

1601 Forum Place #801

City & State

West Palm Beach FL

Zip

33401

Country

USA

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

65-1078394

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

John T. Paxman

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

1601 Forum Place Suite 801

City

West Palm Beach

FL

Zip Code

33410

**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

4/26/02

**9. This corporation is eligible to satisfy its Intangible**

Tax filing requirement and effects to do so.

(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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** Director and President  
**NAME** Joy Graham  
**STREET ADDRESS** c/o John T. Paxman  
**CITY-ST-ZIP** 1601 Forum Place #801 WPB, FL 33401

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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

DATE

561-391-0589

Daytime Phone #