

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91526 008 ***150.00

DOCUMENT # P01000018489

1. Entity Name
JSG, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1040 WEXFORD LEAS BLVD.

3. Mailing Address
1040 WEXFORD LEAS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

4. FEI Number
59-3698728

Applied For

Not Applicable

Zip
34683

Country
USA

Zip
34683

Country
USA

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DAVID BROWDER, JR., ESQ

Street Address (P.O. Box Number is Not Acceptable)
305 S. DUNCAN AVENUE

City
CLEARWATER, FL FL Zip Code
33755

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T
JAMES S. GILMORE
1041 WEXFORD LEAS BLVD.
PALM HARBOR, FL 34683

TITLE
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CITY-ST-ZIP

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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:

James S. Gilmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12 2002 727-772-7487
Date Daytime Phone #

CR2E034B (12/01)