

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

0081649 AV

DOCUMENT # P01000029877

1. Entity Name
J.G. GROUP OF OVIEDO, INC.

02-27-2002 90004 025 ***150.00

Principal Place of Business

**2915 STONE STREET
 OVIEDO FL 32765**

Mailing Address

**2915 STONE STREET
 OVIEDO FL 32765**

503175



2. Principal Place of Business

285 W. Mitchell Hammock P.O. Box 622648

3. Mailing Address

285 W. Mitchell Hammock P.O. Box 622648

DO NOT WRITE IN THIS SPACE

City & State

OViedo, Florida

City & State

OViedo, FL

4. FEI Number

59-3722195

Applied For

Not Applicable

Zip

32765

Country

Seminole

Zip

32765

Country

Seminole

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fees Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, JAIME
 2915 STONE STREET
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent

**JAIME GONZALEZ
 2915 STONE ST.
 OViedo
 FL 32765**

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 **JAIME GONZALEZ President**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/04/2002

DATE

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, JAIME	
STREET ADDRESS	2915 STONE STREET	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JAIME GONZALEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME GONZALEZ 01/04/2002 407-3653218
 Date Daytime Phone #

CR2E034 (9/01)