## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

## Mar 03, 2002 8:00 am Secretary of State **DOCUMENT #** P01000083619 1. Entity Name 03-03-2002 90117 009 \*\*\*150.00 JGY CORP OF HERNANDO, INC. Principal Place of Business Mailing Address 7104 ASHWOOD DR 7104 ASHWOOD DR PORT RICHEY FL 34668 PORT RICHEY FL 34668 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YARBROUGH, JEAN G Street Address (P.O. Box Number is Not Acceptable) 7104 ASHWOOD DR **PORT RICHEY FL 34668** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Táx filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE □ Delete TITLE NAME NAME YARBROUGH, JEAN G STREET ADDRESS STREET ADDRESS 7104 ASHWOOD DR CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME YARBROUGH, JEAN G STREET ADDRESS STREET ADDRESS 7104 ASHWOOD DR CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 [] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of justee empowered to excute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED