2003 FOR PROFIT CORPORATION

## FILED

03 NOV -3 AM 10: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000117674 1. Entity Name J. G. & ME, INC. Principal Place of Business Mailing Address 3604 67TH STREET COURT EAST BRADENTON, FL 34208 3604 67TH STREET COURT EAST BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. City & State .... City & State 01-0589650 Not Applicable Country Country \$8.75 Additional Fee Required 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JARVIS, LYNN L 3604 67TH CT. EAST BRADENTON, FL 34208 Street Address (P.O. Box Number is Not Acceptable) City Zip Code A. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Regalated Agent Signature required when re-FILE NOW!!! FEE IS \$150.00 ... After May 1: 2003 Fee will be \$550.00 Amended UBR is \$61.26 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President/Director Change Addition OFFICERS AND DIRECTORS 10. TITLE TITLE Delete JARVIS, LYNN L Lynn L. Jarvis STREET ADDRESS 3604 67TH STREET COURT EAST 5TREET ADDRESS BRADENTON, FL 34208 Director CITY-ST-ZP CAY-ST-ZIP Vice President/ TITLE Delete 1/ILE X Change ☐ Addition JARVIS, GLORIA G NAME Gloria G Jarvis STREET ADDRESS 3604 67TH STREET COURT EAST STREET ADDRESS BRADENTON, FL 34208 CITY-ST-ZP CITY-ST-ZIP Delete TITLE TITLE Assistant Vice Pres Paten Runar NAME NUMÉ Charles:A Butler STREET ADDRESS STREET ADDRESS CITY-51-2P C/TY-57-21P 407 Gates Creek Rd Bradenton FL 34212 Change Audition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP COY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 4388663 STREET ADDRESS STREET ADDRESS CITY-51-2P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. Thereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3X)), Florida Statutes. I further certify that the information indicated on this report or supplemental report is trile 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 repelver or trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE: 4

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