

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90162 033 ***150.00

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DOCUMENT # P02000014605

1. Entity Name
J. G. & H. CONSULTING



Principal Place of Business
**36 ZONAL GERANIUM TRAIL
PALM COAST FL 32137**

Mailing Address
**36 ZONAL GERANIUM TRAIL
PALM COAST FL 32137**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number
01-0625131

Applied For
 Not Applicable

Zip
32164

Country

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

6. Name and Address of Current Registered Agent
**CINO, CHARLES J
555 W GRANADA BLVD STE E-12
ORMOND BCH FL 32174**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT HAMILTON, GARY 36 ZONAL GERANIUM TRAIL PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. HAMILTON, GARY 36 ZONAL GERANIUM TRAIL PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** May 1, 2003 386-931-6785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

90131668
Attachment ID# PO2000014605

DATE:

May 5, 2003

To Whom It May Concern:

I need my UBL in getting to
you after May 1st!

Please CONSIDER accepting the \$150
filing fee on filed.

My situation in the past few months
has been most challenging. My
business has just received its
first contract. In addition, my
girl friend and roommate Sandi Baker
was in a very serious accident with
her friend. Her vehicle was totally
disintegrated by an 18-wheeler. She
was in the hospital for 2 weeks and then
I was her primary care provider for ~~3~~
three months until she returned to work
in March.

During that time I placed all matters