

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**01-0625131**

Applied For  
 Not Applicable

Zip  
**32164**

Country

Zip  
**32164**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CINO, CHARLES J  
555 W GRANADA BLVD STE E-12  
ORMOND BCH FL 32174**

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

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 1<sup>st</sup>!

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 destroyed by an 18-wheeler. She was in the hospital for 2 weeks and then I was her primary care provider for ~~three~~ three months until she returned to work in March.

During that time I placed all matters