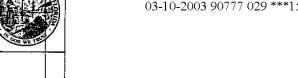
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P02000047885 **DOCUMENT #** 1. Entity Name THE JEPHREY GROUP, INC.

FILED Mar 10, 2003 8:00 am & Secretary of State

03-10-2003 90777 029 ***150.00



			1/8						
Principal Place of Business 612 MAYFAIR DRIVE ALTAMONTE SPRINGS FL 32701		Mailing Address 612 MAYFAIR DRIVE ALTAMONTE SPRINGS FL 32701					 Lubanada na bana nana bana bana bana bana	 	
2. Principal f	Place of Business	3. Mailing Address Por 1372							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	te	Cip& State Port Orange				4. F		ed For pplicable	
Zip 	Country	32129	Country	5 A-			Certificate of Status Desired S8.75 Addition Fee Required	ınal	
	6. Name and Address of Gurrent	Registered Agent				7.=h	Name and Address of New Registered Agent	~	
ATWOOD, JEFFREY 612 MAYFAIR DRIVE				lame treet Addr	ess (F	ss (P.O. Box Number is Not Acceptable)			
	ITE SPRINGS FL 32701				ļ <u>.</u>	****			
	· •			ity			FL Zip Code		
8. The above the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing	its registered o	ffice or reg	stere	ed age	ent, or both, in the State of Florida. I am familiar with, and	accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (No	OTE: Registered Age	ent signature re	eduired v	when rei	einstating) DATE	_	
Àfte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State	, w	-			9. Election Campaign Financing \$5.00 in Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS	11.		┿	ADI	I DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	111	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWOOD, JEFFREY 612 MAYFAIR DRIVE ALTAMONTE SPRINGS FL 32701	. 🗀 Delete	TITLE NAME STREET AD CITY-ST-2	I				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDGE, JEFFREY 402-LAURIE AVENUE PORT ORANGE FL 32127	☐ Delete	TITLE NAME STREET AD CITY-ST-Z		5	76	•	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z				☐ Change · C	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z				☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	I			Change C	Addition	
ITLE LAME ITREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI				☐ Change ☐	Addition	
	and the same of th				1.				

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:

FEB 28 2003

Daytime Phone #