

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

DOCUMENT # P02000047885

1. Entity Name
THE JEPHREY GROUP, INC.



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

03-10-2003 90777 029 ***150.00

Principal Place of Business
612 MAYFAIR DRIVE
ALTAMONTE SPRINGS FL 32701

Mailing Address
612 MAYFAIR DRIVE
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

P O Box 1372

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Orange

Zip

Country

Zip

Country

32129

USA

4. FEI Number

27-0010030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATWOOD, JEFFREY
612 MAYFAIR DRIVE
ALTAMONTE SPRINGS FL 32701

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

Signature, typed or printed name of registered agent and title if applicable.

(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 D
NAME ATWOOD, JEFFREY
STREET ADDRESS 612 MAYFAIR DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

☐ Delete

TITLE D
NAME WEDGE, JEFFREY
STREET ADDRESS 402 LAURIE AVENUE
CITY-ST-ZIP PORT ORANGE FL 32127

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

576 MOONPENNY CIRCLE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Jeffrey Atwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 28 2003

Date

Daytime Phone #

CR2E034 (10/02)