FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90241 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80108982

DOCUMENT # P02000064406

1. Entity Name
JGLB, INC.

Principal Place of Business
105 S. FIELDING AVENUE
SUITE A
TAMPA, FL 33606

Mailing Address
105 S. FIELDING AVENUE
SUITE A
TAMPA, FL 33606

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5915 Memorial Hwy		P.O. BOX 5801	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: TAMPA, FL		City & State: TAMPA, FL	
Zip: 33615	Country: USA	Zip: 33675	Country: USA

4. FEI Number: 01-0721960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEARSALL, WAYNE
2506 AZEELE STREET
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name: JOHN G LYON
Street Address (P.O. Box Number is Not Acceptable): 5915 MEMORIAL HWY
City: TAMPA FL Zip Code: 33615

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] 4.29.03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYON, JOHN G 105 S. FIELDING AVENUE SUITE A TAMPA, FL 33606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P LYON, JOHN G 5915 MEMORIAL HWY TAMPA FL 33615	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: [signature] JOHN G LYON 4.29.03 813.584.0853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)