

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90287 044 ***150.00

DOCUMENT # P02000098217

1. Entity Name
JGM ASIAN MARKET, INC.



Principal Place of Business
**7457-01 103RD STREET
JACKSONVILLE FL 32210**

Mailing Address
**7457-01 103RD STREET
JACKSONVILLE FL 32210**

10000000



2. Principal Place of Business
7457-1 103rd St
Suite, Apt. #, etc.

3. Mailing Address
7457-1 103rd St
Suite, Apt. #, etc. **ste 1**

☐ CHECK HERE IF MAKING CHANGES

City & State
JAX, FL

City & State
JAX, FL

4. FEI Number
52-2369898

Applied For
Not Applicable

Zip
32216

Country

Zip
32216

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOSS, GENE T
337 EAST BAY STREET
JACKSONVILLE FL 32202**

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

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
ECO, MARILOU
7457-01 103RD STREET
JACKSONVILLE FL 32210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

Date

(904) 778-9100

Daytime Phone #

CR2E034 (10/02)