2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000101883 **DOCUMENT #**

1. Entity Name

L & G OF JACKSONVILLE, INC.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90242 009 ***150.00

G OF SHOROSTON		GOD WE THE		
cipal Place of Business) W. GRANADA BLVD TE 1-B MOND BEACH FL 32174	Mailing Address 1640 W. GRANADA BLVD SUITE 1-B ORMOND BEACH FL 32174 US			
Principal Place of Business 640 W. Granada Blu.	3. Mailing Address	/ - ·	CHANCES	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
1-B	City & State		4. FEI Number (1) 1 Call	
Oity & State Armond Beach FL		Country	\$9.75 Additional	
Zip Country	Zip	Country	5. Certificate of citates 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
32174 VOLUSTA 6. Name and Address of Curren	nt Registered Agent	Nama	7. Name and Address of New Registered Agent	
o, Namo en e		Name	Not Acceptable)	
(ORIAL & ASSOCIATES, LLC		Street Address	s (P.O. Box Number is Not Acceptable)	
9425 CRAVEN ROAD				
SUITE 5		City	FL Zip Code	
JACKSONVILLE FL 32257			tered agent, or both, in the State of Florida. I am familiar with, and a	ccept
the obligations of registered agont		TE: Registered Agent signature requ	DATE	<u>-</u>
GNATURE				
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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 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 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 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 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 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 indicated on this 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 indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i).

SIGNATURE: _

<u>SIGNATURE REQUIRED</u>