

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

FILED
Apr 26, 2005 08:00 AM
Secretary of State ^{ATX1}

DOCUMENT # P04000023527
1. Entity Name
JAMES A GEORGE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2982 CALDER DR		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32250	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0596050		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JAMES A GEORGE	
Street Address (P.O. Box Number is Not Acceptable) 2982 CALDER DRIVE	
City JACKSONVILLE	FL Zip Code 32250

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**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES A GEORGE 2982 CALDER DR JACKSONVILLE FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000332558 04/26/05-80063-001 150.00	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James A George
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-05