

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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90146 020 ***150.00

DOCUMENT # 1. Entity Name	<i>PO4 000121116</i>
C J AFFILIATES INC.	

DO NOT WRITE IN THIS SPACE

50047224

2. Principal Place of Business 3977 CORDOVA AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32207	Country Duval	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1731702		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current 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 *Nicole D. Jerrell*

NICOLE D. JERRELL
GINA M COYLE PRESIDENT

4/28/05

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VICE PRESIDENT	NAME GINA M COYLE
STREET ADDRESS 3977 CORDOVA AVENUE	CITY-ST-ZIP JACKSONVILLE FL 32207
TITLE VICE PRESIDENT	NAME NICOLE D JERRELL
STREET ADDRESS 10550 BAYMEADOWS ROAD #405	CITY-ST-ZIP JACKSONVILLE FL 32256
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
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11.

TITLE	NAME
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TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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: *Nicole D. Jerrell*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICOLE D. JERRELL
GINA M COYLE

4/28/05 **904-613-2940**
Date Daytime Phone #