

FILED  
Jun 09, 2003 8:00 am  
Secretary of State

05-02-2003 90735 016 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

51.

DOCUMENT # P93000064641

1. Entity Name

J & J INVESTMENT GROUP OF NORTH FLORIDA, INC.



55047307

Principal Place of Business  
3117 MOHAVE WAY  
JACKSONVILLE FL 32259

Mailing Address  
3117 MOHAVE WAY  
JACKSONVILLE FL 32259

2. Principal Place of Business  
200 BUSINESS PARK CIRCLE

3. Mailing Address  
200 BUSINESS PARK CIRCLE

Suite, Apt. #, etc.  
SUITE 101

Suite, Apt. #, etc.  
SUITE 101

City & State  
ST. AUGUSTINE, FL

City & State  
ST. AUGUSTINE, FL

4. FEI Number  
59-3201298

Applied For  
Not Applicable

Zip  
32095

Country  
U.S.A.

Zip  
32095

Country  
U.S.A.

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MURPHY, PATRICK T  
3117 MOHAVE WAY  
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

Name FRANK P. OLLANWOOD, CPA

MURPHY, PATRICK T.

Street Address (P.O. Box Number is Not Acceptable)

200 BUSINESS PARK CIRCLE

SUITE 101

City  
ST. AUGUSTINE, FL

Zip Code  
32095

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 D  
NAME LABAR, JAMES C  
STREET ADDRESS 3117 MOHAVE WAY  
CITY-ST-ZIP JACKSONVILLE FL 32259

☐ Delete

TITLE D  
NAME LABAR, JAMES C.  
STREET ADDRESS 200 BUSINESS PARK CIRCLE, STE. 101  
CITY-ST-ZIP ST. Augustine, FL, 32095

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)