

2000 UNIFORM BUSINESS REPORT (UBR)

0063732

DOCUMENT # P96000093019

1. Entity Name
JCG INTEGRITY, INC.

FILED

00 APR 27 PM 1:52

Principal Place of Business Mailing Address

**6646 MAN O' WAR TRAIL
TALLAHASSEE FL 32308** **6646 MAN O' WAR TRAIL
TALLAHASSEE FL 32308-1636**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3409343** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAYSON, JOHN M
6646 MAN O' WAR TRAIL
TALLAHASSEE FL 32308**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	GRAYSON, CASSANDRA J
STREET ADDRESS	6646 MAN O' WAR TRAIL
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	VPT <input type="checkbox"/> Delete
NAME	GRAYSON, JOHN M
STREET ADDRESS	6646 MAN O' WAR TRAIL
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	S <input type="checkbox"/> Delete
NAME	GRAYSON, DELORES P
STREET ADDRESS	6646 MAN O' WAR TRAIL
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	D <input type="checkbox"/> Delete
NAME	JACKSON, CHARLES D
STREET ADDRESS	6646 MAN O' WAR TRAIL
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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******150.00 ****150.00**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cassandra J. Grayson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000
Date

Daytime Phone #

CR2E034 (9/99)