

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90295 019 ***150.00

DOCUMENT # P96000093019

1. Entity Name
JCG INTEGRITY, INC.

Principal Place of Business

6646 MAN O' WAR TRAIL
 TALLAHASSEE FL 32308

Mailing Address

6646 MAN O' WAR TRAIL
 TALLAHASSEE FL 32308

2. Principal Place of Business

1555 Delaney Drive

Suite, Apt. #, etc.

Apt. #1901

3. Mailing Address

P.O. Box 12774

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3409343

Applied For

Not Applicable

Zip

32309

Country

USA

Zip

32317-2774

Country

USA

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)

1555 Delaney Dr. Apt. #1901

City

Tallahassee

FL

Zip Code

32309

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 *John M. Grayson*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/02

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, 2002 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|----------------------|-----------------------|----------------------|--------------------------|
| P | GRAYSON, CASSANDRA J | 6646 MAN O' WAR TRAIL | TALLAHASSEE FL 32308 | <input type="checkbox"/> |
| VPT | GRAYSON, JOHN M | 6646 MAN O' WAR TRAIL | TALLAHASSEE FL 32308 | <input type="checkbox"/> |
| S | GRAYSON, DELORES P | 6646 MAN O' WAR TRAIL | TALLAHASSEE FL 32308 | <input type="checkbox"/> |
| D | JACKSON, CHARLES D | 6646 MAN O' WAR TRAIL | TALLAHASSEE FL 32308 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|------------------------------|-----------------------|-------------------------------------|--------------------------|
| | | 1555 Delaney Dr., Apt. #1901 | Tallahassee, FL 32309 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 1555 Delaney Dr. Apt. #1901 | Tallahassee, FL 32309 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 1555 Delaney Dr. Apt. #1901 | Tallahassee, FL 32309 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 1555 Delaney Dr. Apt. #1901 | Tallahassee, FL 32309 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

CR2E034 (9/01)

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

4/29/02 (850) 668-7270
 Date Daytime Phone #