

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 036 ***150.00

DOCUMENT # **P96000093019**

1. Entity Name
JCG INTEGRITY, INC.



Principal Place of Business
~~1555 DELANEY DRIVE~~ **2143 Doral Drive**
~~APT #1901~~
TALLAHASSEE FL 32309 **32312**

Mailing Address
~~P.O. BOX 12774~~ **2143 Doral Drive**
~~TALLAHASSEE FL 32317~~ **32312**



2. Principal Place of Business
2143 Doral Drive

3. Mailing Address
2143 Doral Drive

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32312 Country

Zip
32312 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

7. Name and Address of New Registered Agent

GRAYSON, JOHN M
~~1555 DELANEY DR. APT #1901~~ **2143 Doral Drive**
~~TALLAHASSEE FL 32309~~ **Tall, FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)
2143 Doral Drive

City **Tallahassee** **FL** Zip Code **32312**

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 _____ (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

TITLE P	<input type="checkbox"/> Delete
NAME GRAYSON, CASSANDRA J	
STREET ADDRESS 1555 DELANEY DR. APT #1901 2143 Doral Drive	
CITY-ST-ZIP TALLAHASSEE FL 32309	
TITLE VPT	<input type="checkbox"/> Delete
NAME GRAYSON, JOHN M	
STREET ADDRESS 1555 DELANEY DR. APT #1901	
CITY-ST-ZIP TALLAHASSEE FL 32309	
TITLE S	<input type="checkbox"/> Delete
NAME GRAYSON, DELORES P	
STREET ADDRESS 1555 DELANEY DR. APT #1901	
CITY-ST-ZIP TALLAHASSEE FL 32309	
TITLE D	<input type="checkbox"/> Delete
NAME JACKSON, CHARLES D	
STREET ADDRESS 1555 DELANEY DR. APT #1901	
CITY-ST-ZIP TALLAHASSEE FL 32309	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 2143 Doral Drive	
CITY-ST-ZIP Tallahassee, FL 32312	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 2143 Doral Drive	
CITY-ST-ZIP Tallahassee, FL 32312	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 2143 Doral Drive	
CITY-ST-ZIP Tallahassee, FL 32312	
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	

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

Date: 4/28/03
Daytime Phone #

CR2E034 (10/02)

AV 8388400