Amended

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094003

1. Entity Name
THE FOUR J GROUP, INC.

FILED
03 NOV 17 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
P.O. BOX 4216 ST. AUGUSTINE, FL 32085	P.O. BOX 4216 ST. AUGUSTINE, FL 32085

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 59-3409973 ☐ 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
HAGEN, KELLY STEWART 6060 R SCAFF RD SAINT AUGUSTINE, FL 32092	Name: Tim Hagan Street Address (P.O. Box Number is Not Acceptable): 5050 R. Scaff Rd City: St. Augustine, FL Zip Code: 32092

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 _____ DATE
Signature, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILING FEE IS $100.00
After May 1, 2003 Fee will be $150.00
ANNUAL REPORT
Make Check Payable to Dept. of Banking and Finance

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACKS, LAWRENCE 3300 PACETTI RD. LOT J ST. AUGUSTINE, FL 32092	☐ Delete	P Tim Hagan 5050 R Scaff Rd St Augustine Fl 32092	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAGAN, KELLY STEWART 6060 R SCAFF RD ST. AUGUSTINE, FL 32085	☑ Delete	000217558 17 11/17/03--01109--004 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SACKS, LAWRENCE 3300 PACETTI RD. LOT J SAINT AUGUSTINE, FL 32092	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Tim Hagan (Pres) Tim Hagan 11-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR