2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000068026

DOCUMENT # 1. Entity Name

JABROSE INVESTMENT GROUP, INC.



Apr 21, 2003 8:00 am & Secretary of State
04-21-2003 90411 040 ***150.00

						600 H	ETR.						
Principal Place of Business 7211 HIAWATHA PKWY SPRING HILL FL 34606 US			7211	Mailing Address 7211 HIAWATHA PKWY SPRING HILL FL 34606 US									
2. Principal F	Place of Busine	3. Mai	3. Mailing Address					10811001 10 12141 2814 80111 0011					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Star	ite	City	City & State				4. FEI Number 59-3458488				oplied For ot Applicable]	
Zip		Country	Zip				4		ertificate of Status Desired		Fee Required		
6. Name and Address of Current Registered Agent								7. Na	me and Address of New Re	gistered A	gent		
						Name							
JACQUELYN R CAMPBELL 7211 HIAWATHA PKWY				Street Addres			.ddress (F	(P.O. Box Number is Not Acceptable)					
1	HILL FL 3460	-											
ļ Ļ									FL Zip Code		e		
	e named entity itions of registe		or the purp	ose of changing its	registere	d office o	registere	ed agen	it, or both, in the State of Flori	da. I am fa	amiliar with,	and accept	
SIGNATURE	Signature, typed or	r printed name of registered agen	t and title if app	olicable. (NOTE	: Registered	Agent signat	ure required	when reins	stating)	DATE			
		FEE IS \$150.00 3 Fee will be \$550.00			•				Election Campaign Fina Trust Fund Contribution.		\$5.0	0 May Be	
Make Chec	k Payable to	Florida Department o	of State						must rund Continuation.		Auget	1101665	
10.		OFFICERS AND	DIRECTORS 11.					ADDI	ITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	╛_
TITLE	DPST		☐ Delete		TITLE		DP				∠Change	☐ Addition	ଅଧ
NAME '-	CAMPBELL, JACQUELYN R					NAME							10,
STREET ADDRESS	11120 MONTCALM ROAD					STREET ADDRESS							\(\frac{\pi}{\chi} \)
CITY-ST-ZIP	SPRING HILL FL 34608					-ST-ZIP							
TITLE	DVP			☐ Delete	TITLE		PTI	ieasu	l-er		1 Change	Addition	CR2E034 (10/02)
NAME	SCOTT E CAMPBELL					ME		-					'
STREET ADDRESS	11120 MONTCALM RD					STREET ADDRESS							
CITY-ST-ZIP	SPRING HILL FL 34608			C		TY-ST-ZIP							
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NAME				NAME RAY		RAY	NON	D P. VIRGILIO					
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NAME	ļ				NAME		CHR	IST I	NA Q.VIRGILIO WHTHA AKWY HILL, 7L 3460H	1			
STREET ADDRESS						T ADDRESS	7211	HIA	IWATHA ALWY				
CITY-ST-ZIP	<u> </u>				GIT-	ST-ZIP	SPR	inly	HILL, 12 34601				┧.
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NAME	{				NAME	T ADDRESS	ľ						ĺ
STREET ADDRESS CITY-ST-ZIP	}					T ADDRESS ST-ZIP							

Interept certify mat the information supplied with this filling 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 eath; 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: