2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90182 047 ***150.00

DOCUMENT # P97000084585

1. Entity Name
J.B. HARGRAVE CORPORATION

Principal Place of Business	Mailing Address
~~901 SOUTHEAST 17TH STREET~~ ~~BARNETT BANK. SUITE 203~~ ~~FT LAUDERDALE FL 33316~~	901 SOUTHEAST 17TH STREET BARNETT BANK. SUITE 203 FT LAUDERDALE FL 33316

2. Principal Place of Business	3. Mailing Address
1887 W. State Rd 84	1887 W. State Rd 84
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33315 Country:	Zip: 33315 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0789242 ☐ 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
D'ESPIES, KEVIN J ~~1212 SOUTHEAST FIRST AVENUE~~ ~~FT LAUDERDALE FL 33316-1802~~	Name: Kevin J. D'Espies Street Address (P.O. Box Number is Not Acceptable): 888 East Las Olas #720 City: Ft. Lauderdale FL Zip Code: 33301

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, MICHAEL ~~901 S.E. 17TH STREET~~ ~~FT LAUDERDALE FL 33316~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Joyce 1887 W. State Rd 84 Ft. Lauderdale, FL 33315 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: SIGNATURE REQUIRED [signature] 4/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #