2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081691

1. Entity Name

L-JAY GROUP II, INC.

0328350

Principal Place of Business	Mailing Address
450 SW 15TH AVENUE BOCA RATON FL 33486 US	450 SW 15TH AVENUE BOCA RATON FL 33486 US

C0036199

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number **65-0864466**	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORDAN, JOHN G 4367 N. FEDERAL HIGHWAY SUITE 101 FT. LAUDERDALE FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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, 2001 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP JOHNSON, THOMAS D 450 SW 15TH AVENUE BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _Thomas D. Johnson_ President   March 19, 2001   541-448-1239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #