

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90118 014 ***150.00

DOCUMENT # P98000081691

1. Entity Name
L-JAY GROUP II, INC.



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

Mailing Address
**450 SW 15TH AVENUE
BOCA RATON FL 33486
US**



2. Principal Place of Business

5323 SUMMERLIN RD

3. Mailing Address

PO BOX 60825

Suite, Apt. #, etc.

15

Suite, Apt. #, etc.

City & State

FORT MYERS, FL.

City & State

FORT MYERS, FL.

Zip

33919

Country

Zip

33906-6825

Country

4. FEI Number

65-0864466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JORDAN, JOHN G
4367 N. FEDERAL HIGHWAY SUITE 101
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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. 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 **STP** ☐ Delete
NAME **JOHNSON, THOMAS D**
STREET ADDRESS **5323 SUMMERLIN RD., #15** **5327**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition
NAME **Thomas D. Johnson**
STREET ADDRESS **5323 Summerlin Rd. #15**
CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

**239-471-
2901**

Date

Daytime Phone #

CR2E034 (10/02)