2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000081691

1. Entity Name

L-JAY GROUP II, INC.

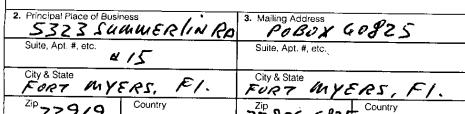


FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90118 014 ***150.00

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

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





CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0864466 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JORDAN, JOHN G

4367 N. FEDERAL HIGHWAY SUITE 101 FT. LAUDERDALE FL 33308			Street A	ddress (P.O. B	ox Number is Not Acceptable)		
	•	-	City			Zip Coc	de
8. The above the obligat	named entity submits this statement for the purp- ions of registered agent. Signature, typed or printed name of registered agent and title if app				ent, or both, in the State of Florida.	am familiar with,	, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			egistered Agent signatu	re required when rei	9. Election Campaign Financing Trust Fund Contribution.	Ψυ.υ	00 May Be d to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP JOHNSON, THOMAS D 5523 SUMMERLIN RD., #15 5327 FORT MYERS FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas 5323 Sc	D. Johnson numerlin Rd. #15 ers, Fl. 33919	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	wife that the information are all a distributed for	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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.