2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

P9900030678

Mailing Address

100 S PALM AVE

PALATKA FL 32177

Suite, Apt. #, etc.

1. Entity Name

100 S PALM AVE

PALATKA FL 32177

Suite, Apt. #, etc.

J-4 INSURANCE SERVICES INC.



FILED Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90048 027 ***158.75

90002173



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUMPHREY, JANICE 109 SHORESIDE LANE 109 SHORESIDE	City & Stat	KaF		City & State	ivatka Fl			4. FEI Number 59-3569039			oplied For ot Applicable	
HUMPHREY, JANICE 109 SHORESIDE LANE INTERLACHEN F1 32148 City FL Zip Code Scheduler, visco or primite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent. SiGNATURE FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check by spable to Florida Department of State OFFICIENT ONLY STAP TILE OFFICIENT ONLY STAP TILE NAME SIERT ANDRESS OFFICIENT ONLY STAP OFFICIENT ONLY STAP OFFICIENT ONLY STAP TILE NAME SIERT ANDRESS OFFICIENT ONLY STAP OFFICIENT ONLY STAP TILE NAME SIERT ANDRESS OFFICE ANDRESS OFFI												
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109 SHORESIDE LANE			Name									
109 SHORESIDE LANE INTERLACHEN FL 32148 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept with the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept with the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept with a control of the objigations of registered agent, or both, in the State of Florida. I am familiar with, and accept with a control of the objigation of the objigatio	HUMPHRI		Street Address (P.O. Box Number is Not Acceptable)									
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SIGNATURE FILE NOW!!! FEE IS \$150.00	10	•				City			FL	Zip Cour	"	
Selection Campaign Financing S\$5.00 May Be will be \$550.00 Make Check	the obligations of registered agent.											
Atter Mey 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	Signature, types or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After	3 Fee will be \$550.00										
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	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	e information supplied with th		NAM STRE CITY	E EET ADDRESS -ST-ZIP	ection 1	19.07(3)(i), Florida Statutes. I fur		- <u>-</u>		

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:

SIGN/ASSAURED REQUIRED
SIGNATURE AND TYPED OF PRINTED PARKED SIGNING OFFICER OR DIRECTO

1-10-03

386-325-325

Daytime Phone

CR2E034 (10/02