

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000032569**1. Entity Name
JC2 GROUP, INC.**Principal Place of Business**

4316 SAGE OAK COURT

JACKSONVILLE
32277

FL

Mailing Address

6336 SW 12 STREET

MIAMI
33144

FL

2. Principal Place of Business**3. Mailing Address**

2930 S.W. 40TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
GAINESVILLE

FL

Zip

Country

Zip

Country

32608

4. FEI Number**59-3568867**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCROSBY ELENA
6336 S.W. 12TH STREETMIAMI
33144 US

FL

7. Name and Address of New Registered Agent

Name

CROSBY ELENA

Street Address (P.O. Box Number is Not Acceptable)
2930 S.W. 40TH AVENUECity
GAINESVILLE

FL

Zip Code
32608

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)

05/01/2001

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	CROSBY ELENA	
STREET ADDRESS	2 LAUREL OAK DRIVE	
CITY-ST-ZIP	COVINGTON LA 70433	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARDO JOSE A	
STREET ADDRESS	2930 SW 40TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAVALLINO RICARDO	
STREET ADDRESS	ROAD 2 BOX 195	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JIMINEZ ALFREDO AJR	
STREET ADDRESS	4316 SAGE OAK COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JIMINEZ ALFREDO ASR	
STREET ADDRESS	4316 SAGE OAK COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY ELENA I	
STREET ADDRESS	2930 S.W. 40TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVALLINO RICARDO	
STREET ADDRESS	ROAD 2 BOX 195	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ELENA I CROSBY

S

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)