## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000110529

Entity Name: JGS DESIGN PLANNING & DEVELOPMENT INC.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13680 PADDOCK DR. 2501 SW CHOCTAW STREET WELLINGTON, FL 33414 PORT ST. LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

13680 PADDOCK DR. 2501 SW CHOCTAW STREET WELLINGTON, FL 33414 PORT ST. LUCIE, FL 34953

FEI Number: 65-0956577 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWNN, JOSEPH G.

13680 PADDOCK DR

WELLINGTON, FL 33414 US

SHINN, JOSEPH G.

2501 SW CHOCTAW STREET
PORT ST. LUCIE, FL 34953 US

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: JOSEPH G. SHINN 04/29/2003

Electronic Signature of Registered Agent Date

## Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SHINN, JOSEPH G
Address: 13680 PADDOCK DR
City-St-Zip: WELLINGTON, FL 33414

 Title:
 VP
 ( ) Delete

 Name:
 SWINN, KATHY G

 Address:
 13680 PADDOCK DR

 City-St-Zip:
 WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHINN, JOSEPH G
Address: 2501 SW CHOCTAW STREET

City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP (X) Change ( ) Addition

Name: SHINN, KATHY G

Address: 2501 SW CHOCTAW STREET City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH G. SHINN P 04/29/2003