2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834476 1. Entity Name

JGB INDUSTRIES, INC.

SUMMIT	8	NORFOLK	ST

Principal Place of Business

Mailing Address

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Apr 13, 2000 8:00 am Secretary of State 04-13-2000 90050 003 ***150.00

PO BOX 25609 PO			IMIT & NORFOLK ST BOX 25609 HMOND VA 23260-5609					00 TO TO	hidil 318(1 81 3)	I BIBNI (BBI	
2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE	E IN THIS S	PACE				
City & State City & State					4. FEI Number 54-0459054 Applied For Not Applicable						
Zip	Country	7	Zip Country			5. (5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Curr	ent Regis	tered Agent	-		7. 1	Name and Address of New Re	gistered A	gent		
	·		_		Name						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)							
PLAN	TATION FL 33324				City	der la francisco			Zip Code	е	
					City	47.00		FL	2.000		
SIGNATURE _	named entity submits this statement of registered a statement of registered a statement is eligible to satisfy its Intange equirement and elects to do so.	igent and title i		Registere	d Agent signatu	re required when re		DATE		0 May Be	
(See criteria on back)		□	Make Check Payab	le to D	epartment	of State	rast rand contribution		70000		
11.	OFFICERS A	ND DIREC	CTORS	12.		ΑC	ODITIONS/CHANGES TO OFFI	CERS AND			
TITLE	P		☐ Delete	TITL					☐ Change	☐ Addition	
NAME	ILL, ANTHONY M			NAM	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	1716 SUMMIT AVE				-ST-ZIP						
TITLE	RICHMOND VA 23230 TS		☐ Delete	TITL		S			Change	☐ Addition	
NAME .	DODD, ANNE G		□ Delete	NAM		-					
STREET ADDRESS	1716 SUMMIT AVE			STRE	ET ADDRESS	#					
CITY-ST-ZIP	RICHMOND VA 23230			CITY	-ST-ZIP	_					
TITLE NAME			☐ Delete	TITL NAM		VC/T	er, Joseph G J Summit Aye mond, Un J	'n.	☐ Change	Addition	
STREET ADDRESS :					-ST-ZIP	1716°	mond 1/A	3230			
TITLE NAME			☐ Delete	TITL NAM	E IE	Chair	JGIENN Ymmit Ave word, VA 23231	.0+-00	Change	□ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -St-Zip	Richm	ummit Ave und 1/A 23231	Ω			
TITLE NAME			☐ Delete	TITL	E	· · · · · · · · · · · · ·	V. 40.		Change	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete			- 1197		1	Change	Addition	

13. I hereby certify that the information supplied with this filling 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.

SI	GN.	AT	UR	E:

Anale Carland Dodd