

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 556651

1. Entity Name

JMG ENTERPRISES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90465 012 ***150.00

Principal Place of Business

Mailing Address

**5803 TOLMAN COURT
 TAMPA FL 33647**

**5803 TOLMAN COURT
 TAMPA FL 33647-1011**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1788005

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, GARY D.
 5803 TOLMAN COURT
 TAMPA FL 33647**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MEYER, GARY	
STREET ADDRESS	5803 TOLMAN COURT	
CITY-ST-ZIP	TAMPA FL 11	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEYER, ROBERT M	
STREET ADDRESS	801 WILLOWBRANCH AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEYER, BETTY I	
STREET ADDRESS	801 WILLOWBRANCH AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSE, DIANA L.	
STREET ADDRESS	5803 TOLMAN COURT	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary D Meyer
 4/28/2000

Date

813/971-4667

Daytime Phone #

CR2E034 (9/99)