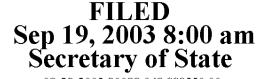
2203 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



1. Entity Nar	JM DEVELOPMENT, INC.					
Principal Place of Business 1045 MILLER DR. ALTAMONTE SPRINGS FL 32701			Mailing Address 1045 MILLER OR. ALTAMONTE SPRINGS FL 32701			
2. Principal I	Place of Busin	1055	3. Mailing Address	,		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & Srate		4. FEI Number		
Zip		Country	Zip	Country	Certificate of Status Desired	
	6. Name	and Address of Current R	egistered Agent	1	7. Name and Address of New Registered Agent	
		المساورة		Name		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.				Street Addres	ess (P.O. Box Number is Not Acceptable)	
4TH FLOC						
MIAMI FL 33145				City	FL Zip Code	
the obligation of the college of the	Signature, types FILE NOW!		d title if applicable. (NOTE	registered office or regis	gistered agent, or both, in the State of Fiorida. I am familiar with, and accept pulled when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees	
10.	7 Y	OFFICERS AND D	IRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Brown, I/ 1045 Milli	WW	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
	VSD SMITH, DA 1045 MILLI ALTAMONI		☐ Defate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	

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 line empowered.

SIGNATURE: