

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072730

1. Entity Name

JMG CONSTRUCTION CORPORATION

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90127 034 ***158.75

Principal Place of Business

Mailing Address

~~1702 EAST TERRACE DRIVE
 LAKE WORTH FL 33460~~

~~1262 ESSEX DR
 WELLINGTON FL 33414-5608~~

460 BUSINESS PARK WAY SUITE G
 ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

460 BUSINESS PARKWAY SAMC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

G
 City & State
 Royal Palm Beach Fl.

SAMC
 City & State
 SAMC

Zip
 33411

Country
 FL

Zip

Country

4. FEI Number 65-0770295

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 Agent

7. Name and Address of New Registered Agent

MCINTYRE, JEFFERY L
 1262 ESSEX DR
 WELLINGTON FL 33414

460 BUSINESS PARK
 WAY SUITE G
 ROYAL PALM BEACH FL
 33411

Name Jeffrey L McIntyre
 Street Address (P.O. Box Number is Not Acceptable)
 460 BUSINESS PARKWAY SUITE G
 City Royal Palm Beach FL Zip Code 33411

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 *Jeffery L McIntyre* Jeffrey L McIntyre 1/18/99
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 Delete
 NAME D
 STREET ADDRESS GULLMAN, NOEL J
 CITY-ST-ZIP 1702 EAST TERRACE DRIVE LAKE WORTH FL 33460

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS MCINTYRE, JEFFERY L
 CITY-ST-ZIP 1262 ESSEX DRIVE WELLINGTON FL 33414

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS HOFFMAN, JAMES
 CITY-ST-ZIP 14984 ROAN CT WELLINGTON FL 33414

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Jeffery L McIntyre* 1/18/99 1-561-798-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #