2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State
06-04-2001 90004 011 ***150.00

DOCUMENT # P96000019758

1. Entity Name

JKM FINANCIAL, INC.

Principal Place of Business	Mailing Address
20875 VIA MADEIRA BOCA RATON, FL 33433	20875 VIA MADEIRA BOCA RATON, FL 33433

C0070839

2. Principal Place of Business	3. Mailing Address
236 KEY PALM ROAD	236 KEY PALM ROAD
Suite, Apt # etc.	Suite, Apt. #, etc. BOCA RATON
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: N/A ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN B. WHITLEDGE
236 KEY PALM ROAD
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

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 John B Whitledge
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
JOHN B. WHITLEDGE, PRESIDENT

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, 2001 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	PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHN B WHITLEDGE		NAME		
STREET ADDRESS	236 KEY PALM		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: John B Whitledge 5-28-2001 561-912-1052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN B. WHITLEDGE, PRESIDENT