

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K35592

1. Entity Name

JM AUTO, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90108 001 *1,650.00

Principal Place of Business

Mailing Address

5350 WEST SAMPLE RD.
 MARGATE FL 33063
 US

100 NW 12TH AVE
 DEERFIELD BEACH FL 33442-1702

2. Principal Place of Business

3. Mailing Address

111 NW 12TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LEGAL DEPT - JMFDFD18

City & State

City & State

DEERFIELD BEACH FL

Zip

Country

Zip

Country

33442

USA

4. FEI Number

65-0088515

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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 ☐ Delete
 NAME D
 STREET ADDRESS BROWN, COLIN W
 CITY-ST-ZIP 100 NW 12TH AVE
 DEERFIELD BEACH FL 33442

TITLE ☐ Change ☒ Addition
 NAME VP
 STREET ADDRESS WARD, L. Taylor
 CITY-ST-ZIP 100 NW 12TH AVENUE
 DEERFIELD BEACH FL 33442

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS CZUBAY, KENNETH M
 CITY-ST-ZIP 100 N.W. 12TH AVENUE
 DEERFIELD BEACH FL

TITLE ☐ Change ☐ Addition
 NAME VP
 STREET ADDRESS Mullen, DAVID W. JR.
 CITY-ST-ZIP 5350 West Sample Rd
 MARGATE FL 33442

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS MORAN, PATRICIA A.
 CITY-ST-ZIP 100 N.W. 12TH AVENUE
 DEERFIELD BEACH FL

TITLE ☐ Change ☒ Addition
 NAME T
 STREET ADDRESS Allen, A. TUCKER
 CITY-ST-ZIP 100 NW 12TH AVENUE
 DEERFIELD BEACH FL 33442

TITLE ☒ Delete
 NAME DVP
 STREET ADDRESS BROWN, COLIN W
 CITY-ST-ZIP 100 NW 12TH AVENUE
 DEERFIELD BEACH FL

TITLE ☐ Change ☒ Addition
 NAME AS
 STREET ADDRESS SNEAD, CALENT J.
 CITY-ST-ZIP 100 NW 12TH AVENUE
 DEERFIELD BEACH FL 33442

TITLE ☐ Delete
 NAME S
 STREET ADDRESS WHELAN, JOHN J.
 CITY-ST-ZIP 100 NW 12TH AVENUE
 DEERFIELD BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John J. Whelan
 SECRETARY
 04/27/00 954-429-2000

CR2E034 (9/99)