

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90227 025 ***150.00

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DOCUMENT # K35592

1. Entity Name
JM AUTO, INC.



Principal Place of Business
**5350 WEST SAMPLE RD.
MARGATE FL 33063
US**

Mailing Address
**111 NW 12TH AVE
LEGAL DEPT. JMFDF018
DEERFIELD BEACH FL 33442**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORAN, PATRICIA G	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, COLIN W	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CZUBAY, KENNETH M	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPGC	<input type="checkbox"/> Delete
NAME	WARD, L. TAYLOR III	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPGM	<input type="checkbox"/> Delete
NAME	MULLEN, DAVID W JR.	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	<input type="checkbox"/> Delete
NAME	OSSENBECK, PATRICK C	
STREET ADDRESS	100 NW 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, PATRICIA G	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, COLIN W	
STREET ADDRESS	100 JIM MORAN BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D/NP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZUBAY, KENNETH M	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPGC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, L. TAYLOR III	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPGM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mullen, DAVID W. JR.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSSENBECK, PATRICK C.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

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 like empowered.

SIGNATURE:

SECRETARY REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. WHELAN
SECRETARY 04/24/03 954-420-4617
Date Daytime Phone #

CR2E034 (10/02)