

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90065 006 ***150.00

DOCUMENT # 276465

1. Entity Name

J & M PUMP SERVICE, INC.

Principal Place of Business

**12065 METRO PARKWAY
 FT MYERS FL 33912**

Mailing Address

**12065 METRO PARKWAY
 FT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1029660**

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, MARIE	
STREET ADDRESS	1324 SHADOW LANE	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, MORRIS J	
STREET ADDRESS	1324 SHADOW LANE	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PADGETT, JANICE	
STREET ADDRESS	12815 PLANTATION RD.	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PADGETT, GLENN	
STREET ADDRESS	12815 PLANTATION RD.	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, MAURICE J	
STREET ADDRESS	15281 RIVER-BY RD.	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYNNIE, JAMES A III	
STREET ADDRESS	2701 REESE RD	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, JEFFREY	
STREET ADDRESS	11150 SANTA MONICA BLVD. SUITE 1200	
CITY-ST-ZIP	LOS ANGELES, CA 90025	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGOLDRICK, MARK	
STREET ADDRESS	ONE BANK BOSTON PLAZA SUITE 1600	
CITY-ST-ZIP	PROVIDENCE, RI 02903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WONG, DAVID	
STREET ADDRESS	11150 SANTA MONICA BLVD. SUITE 1200	
CITY-ST-ZIP	LOS ANGELES, CA 90025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURENCE, CHRISTOPHER	
STREET ADDRESS	11150 SANTA MONICA BLVD. SUITE 1200	
CITY-ST-ZIP	LOS ANGELES, CA 90025	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBAUM, STANLEY	
STREET ADDRESS	2701 REESE RD.	
CITY-ST-ZIP	DAVIE, FL 33314	

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:

Stanley G. Rosenbaum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY G. ROSENBAUM

Date

Daytime Phone #

4/30/01
954-583-0548

CR2E034 (10/00)

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