2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State DOCUMENT # 276465 1. Entity Name 05-21-2002 91160 031 ***150.00 J & M PUMP SERVICE, INC. Mailing Address Principal Place of Business 12065 METRO PARKWAY 12065 METRO PARKWAY FT MYERS FL 33912 FT MYFRS FL 33912 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1029660 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent . Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change Change **PCEO** Delete TITLE TITLE wynne, James A. III NAME WYNNE, JAMES A III NAME 2701 Reese Rd STREET ADDRESS 2701 REESE RD. STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33314 CITY-ST-ZIP **DAVIE FL 33314** ☐ Change **Addition** ☐ Delete TITLE TITLE wangaman, Douglas 2701 Reese Rd BENNETT, JEFFREY NAME STREET ADDRESS STREET ADDRESS 11150 SANTA MONICA BLVD., SUITE 1200 CITY-ST-ZIP CITY-ST-ZIP **LOS ANGELES CA 90025** DAVIE FL 33314 Delete TITLE ☐ Change Addition TITLE STD NAME NAME MCGOLDRICK, MARK STREET ADDRESS STREET ADDRESS ONE BANK BOSTON PLAZA SUITE 1600 CITY-ST-7IP CITY-ST-ZIP PROVIDENCE RI 02903 Delete TITLE ☐ Change ☐ Addition TITLE NAME WONG, DAVID NAME STREET ADDRESS STREET ADDRESS 1115 SANTA MONICA BLVD., SUITE 1200 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90025 ☐ Change Addition Delete TITLE DAVIN, THOMAS LAURENCE, CHRISTOPHER NAME NAME STREET ADDRESS 11150 SANTA MONILA BLVD JULTO 1200 11150 SANTA MONICA BLVD., SUITE 1200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90025 os Angeles CA Change ☐ Addition CF₀ ☐ Delete TITLE TITLE ROSENBAUM, STANLEY NAME NAME 2701 REESE RD. STREET ADDRESS STREET ADDRESS **DAVIE FL 33314** CITY-ST-ZIP 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 of 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.

STANCE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED