

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004050

1. Entity Name
JM CONSULTING GROUP, INC.

FILED

01 MAR -5 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6755 HOLLISTER AVE., SUITE 200
GOLETA CA 93117

Mailing Address
6755 HOLLISTER AVE., SUITE 200
GOLETA CA 93117

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

City & State
City & State

4. FEI Number 77-0163085 Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
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 NAME STREET ADDRESS CITY-ST-ZIP | PCD MULLEN, JOHN D 6755 HOLLISTER AVE., SUITE 200 GOLETA CA 93117 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MULLEN, KIM 6755 HOLLISTER AVE., SUITE 200 GOLETA CA 93117 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MARASZEK, THOMAS HERBERT 6755 HOLLISTER AVE., SUITE 200 GOLETA CA 93117 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300003798053 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: THOMAS H. MARASZEK 2/26/01 (805) 961-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

208



ACCOUNT NO. : 072100000032

REFERENCE : 064718 5018057

AUTHORIZATION : *Patricia Piquet*
COST LIMIT : \$ 150.00

ORDER DATE : March 2, 2001

ORDER TIME : 10:48 AM

ORDER NO. : 064718-005

CUSTOMER NO: 5018057

CUSTOMER: Ms. Barb Massey
Jm Consulting Group
6755 Hollister Avenue
Suite 200
Goleta, CA 93117

ANNUAL REPORT FILING

NAME: JM CONSULTING GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS EXT 1133

EXAMINER'S INITIALS:

RECEIVED
01 MAR -5 PM 12:04
DIVISION OF CORPORATION