2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am F01000002009 DOCUMENT # Secretary of State 1. Entity Name 02-07-2002 90317 040 ***150 00 JMW ASSOCIATES, INC. Principal Place of Business Mailing Address 1200 MAIN STREET, EIGHTH FLOOR PO BOX 11341 COLUMBIA SC 29201 COLUMBIA SC 34786 2. Principal Place of Business 3. Mailing Address P.O. BOX DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State SC 57-1098297 COLUMBIA Not Applicable Country \$8.75 Additional Дiр Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JUSTIN A. WILLIAMSON, IV WILLIAMSON, JUSTIN A Street Address (P.O. Box Number is Not Acceptable) 6308 GREATWATER DRIVE WINDERMERE FL 34786 6308 GREATWATER DR. Zip Code 3**4<u>7</u>8**6 City WINDERMERE 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 1-20-02 ire, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. PRESIDENT / DIRECTOR TITLE ☐ Defete TITLE JUSTIN A. WILLIAMSON, IV NAME WILLIAMSON, JUSTIN A NAME 6308 GREATUATER DR. STREET ADDRESS 1200 MAIN STREET, EIGHTH FLOOR STREET ADDRESS WINDERMERE, FL 34786 VICE PRESIDENT/DIRECTOR CITY-ST-ZIP CITY-ST-ZIP COLUMBIA SC 29201 Addition TITLE Change VD ☐ Detete MARION WILLIAMSON NAME NAME WILLIAMSON, MARION 6308 GREATUATER DR. STREET ADDRESS STREET ADDRESS 1200 MAIN STREET, EIGHTH FLOOR CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP COLUMBIA SC 29201 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE

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 exacute 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 suppowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

FILED