

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90167 001 ***150.00

DOCUMENT #

1. Entity Name **F42389**

J. M. FERNANDEZ, INC

DO NOT WRITE IN THIS SPACE

656550

2. Principal Place of Business

811 N SHORE DR

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 1407

Suite, Apt. #, etc.

City & State

ANNA MARIA FL

City & State

ANNA MARIA FL

4. FEI Number

59-2122431

Applied For

Not Applicable

Zip

34216

Country

USA

Zip

34216-1407

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JULIAN M. FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

811 N SHORE DRIVE

City

ANNA MARIA

FL

Zip Code

34216

**DO NOT WRITE
IN THIS SPACE**

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)**

☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIAN M. FERNANDEZ P.O. BOX 1407 ANNA MARIA FL 34216-1407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2002

941-778-4350

Date

Daytime Phone #

CR2E034B (12/01)