

2005 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90181 044 ***150.00

DOCUMENT # **G 61944**

1. Entity Name

J. M. K. J. Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5657 Modena Place

Suite, Apt. #, etc.

3. Mailing Address

5657 Modena Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

59-2348988

Applied For

Not Applicable

Zip

34238

Country

USA

Zip

34238

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HOEFFLER, EUGENE J.

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

5657 Modena Place

City

Sarasota.

FL

Zip Code

34238

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	Hoeffler, Eugene J.
STREET ADDRESS	5657 Modena Place
CITY-ST-ZIP	Sarasota, FL-34238
TITLE	DVS
NAME	Hoeffler, Patricia A.
STREET ADDRESS	5657 Modena Place
CITY-ST-ZIP	Sarasota, FL-34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Eugene J. Hoeffler - 2/28/05-941-923-1420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)