2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G74378

1. Entity Name
JRM OF SEBRING, INC.

Principal Place of Business	Mailing Address
J.R.M. OF SEBRING, INC.	J.R.M. OF SEBRING, INC.
2543 US 27 S.	2543 US 27 S.
SEBRING FL 33870	SEBRING FL 33870
US	US

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2373948 | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
MACBETH, JOSEPH ROSS	Name
MACBETH, JOSEPH, ROSS	Street Address (P.O. Box Number Is Not Acceptable)
2543 US 27 S	
SEBRING FL 33870	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, 2002 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	PTD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MACBETH, JOSEPH ROSS		NAME	
STREET ADDRESS	2543 US 27 S.		STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870		CITY-ST-ZIP	

TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MACBETH, ROBERT MARK		NAME	
STREET ADDRESS	1702 ANDALUSIA ST.		STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872		CITY-ST-ZIP	

TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/01)

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: _____ 2/21/02 (843) 385-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
Joseph Ross Macbeth