

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H87622**

1. Entity Name  
**THE JMZ GROUP, INC.**

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90281 018 \*\*\*150.00

Principal Place of Business  
1637 SO. US 41 BYPASS  
PO BOX 1600  
VENICE FL 34284-1600  
US

Mailing Address  
P.O. BOX 3973  
P O BOX 3973  
VENICE FL 34284-1600  
US

2. Principal Place of Business  
**1637 So US 41 BYPASS**  
Suite, Apt. #, etc..

3. Mailing Address  
**P.O. Box 1600**  
Suite, Apt. #, etc.

City & State  
**VENICE, FL**  
Zip  
**34293**

Country  
**USA**

City & State  
**VENICE, FL**  
Zip  
**34284-1600**

Country  
**USA**

4. FEI Number  
**59-2618822**

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**ZWERS, F. GERALD**  
**1637 SO US 41 BYPASS**  
**VENICE FL 34293**

## 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 \_\_\_\_\_ (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, 2000 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

TITLE **PSTD** ☐ Delete  
NAME **ZWERS, F G**  
STREET ADDRESS **POB 3973**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE **VPD** ☐ Delete  
NAME **ZWERS, M J**  
STREET ADDRESS **POB 3973**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **ZWERS, F. G.**  
STREET ADDRESS **P.O. Box 1600**  
CITY-ST-ZIP **VENICE, FL 34284-1600**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **ZWERS, M. J.**  
STREET ADDRESS **P.O. Box 1600**  
CITY-ST-ZIP **VENICE, FL 34284-1600**

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

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

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

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

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: *F. G. ZWERS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/11/00**

Daytime Phone # **941-474-1681**

CR2E034 (9/99)