

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90042 035 ***150.00

DOCUMENT # J03977

1. Entity Name

J. M. LUMBER INCORPORATED

600366



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

460 N.W. ENTERPRISE DRIVE
 PORT ST LUCIE FL 34986-9201

460 N.W. ENTERPRISE DRIVE
 PORT ST LUCIE FL 34986-2201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2648719

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NAVARETTA, STEPHEN ESQ.
1100 SW ST. LUCIE WEST BLVD, SUITE 203
PORT ST LUCIE FL 34986

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **MONROE, JACK L.**
 CITY-ST-ZIP **1950 SE FLORESTA DR.**
PORT ST LUCIE FL

TITLE ☒ Change ☐ Addition
 NAME **JACK MONROE**
 STREET ADDRESS **2053 SE Crowberry Dr.**
 CITY-ST-ZIP **Pt. St. Lucie, FL. 34983**

TITLE ☐ Delete
 NAME **PST**
 STREET ADDRESS **MONROE, PHYLLIS**
 CITY-ST-ZIP **1950 SE FLORESTA DR.**
PORT ST LUCIE FL

TITLE ☒ Change ☐ Addition
 NAME **PST**
 STREET ADDRESS **Phyllis Monroe**
 CITY-ST-ZIP **2053 SE Crowberry Dr.**
Pt. St. Lucie, FL. 34983

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **MONROE, CARL PRESTON**
 CITY-ST-ZIP **121 SE FALLON DRIVE**
PORT ST LUCIE FL

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **MONROE, JACK L. JR.**
 CITY-ST-ZIP **290 SE WALLACE TERRACE**
PORT ST LUCIE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00

Date

561-877-3590

Daytime Phone #