## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jun 20, 2001 8:00 am Secretary of State **DOCUMENT # J23139** 06-20-2001 90006 037 \*\*\*550.00 JRS MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address 608 S. TYNDALL PKWY 608 S. TYNDALL PKWY ADD74214 PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2707392 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUMNER, DANNY JOE Street Address (P.O. Box Number is Not Acceptable) 5707 LAKE DRIVE PANAMA CITY FL 32404 City Zip Code FI 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) ,9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Addition ☐ Delete ☐ Change TITLE TITLE SUMNER, DANNY JOE NAME NAME STREET ADDRESS STREET ADDRESS 5707 LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME RUPP, STEVEN NAME STREET ADDRESS 1225 19 ST NW #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC TITLE ☐ Delete 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 ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED**