

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90336 033 \*\*\*150.00

**DOCUMENT # J25992**

1. Entity Name  
**JMC SOUTH, INC.**

Principal Place of Business  
**3964 HUNTERS RIDGE WAY**  
**TITUSVILLE FL 32796**  
**US**

Mailing Address  
**3964 HUNTERS RIDGE WAY**  
**TITUSVILLE FL 32796**  
**US**

2. Principal Place of Business  
**23079 DIANE AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**23079 DIANE AVE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**PORT CHARLOTTE, FL**  
 Zip  
**33954**  
 Country  
**USA**

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**PORT CHARLOTTE, FL**  
 Zip  
**33954**  
 Country  
**USA**

4. FEI Number  
**59-2700157**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILLIAMS, JEFFERY M**  
**3964 HUNTERS RIDGE WAY**  
**TITUSVILLE FL 32796**

**7. Name and Address of New Registered Agent**

Name  
**JEFFERY M. WILLIAMS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**23079 DIANE AVE**  
 City  
**PORT CHARLOTTE** **FL** Zip Code  
**33954**

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 *Jeffery M. Williams, Pres*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-11-02**  
 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.. ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILLIAMS, JEFFERY M</b> <b>3964 HUNTERS RIDGE WAY</b> <b>TITUSVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>WILLIAMS, MARLENE K.</b> <b>3964 HUNTERS RIDGE WAY</b> <b>TITUSVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeffery M. Williams, Pres* **JEFFERY M. WILLIAMS** **4-11-02** **941-255-1122**  
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)