

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90129 034 ***150.00

DOCUMENT # **J25992**

1. Entity Name
JMC SOUTH, INC.



Principal Place of Business
23079 DIANE AVE
PORT CHARLOTTE FL 33954
US

Mailing Address
23079 DIANE AVE
PORT CHARLOTTE FL 33954
US



2. Principal Place of Business
3964 HUNTERS RIDGE WAY
Suite, Apt. #, etc.

3. Mailing Address
3964 HUNTERS RIDGE WAY
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TITUSVILLE, FL

City & State
TITUSVILLE, FL

4. FEI Number **59-2700157**

Applied For
Not Applicable

Zip **32796** Country **USA**

Zip **32796** Country **USA**

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

WILLIAMS, JEFFERY M
23079 DIANE AVE
PORT CHARLOTTE FL 33954

Name **JEFFERY M WILLIAMS**
Street Address (P.O. Box Number is Not Acceptable)
3964 HUNTERS RIDGE WAY
City **TITUSVILLE** FL Zip Code **32796**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WILLIAMS, JEFFERY M**
STREET ADDRESS **3964 HUNTERS RIDGE WAY**
CITY-ST-ZIP **TITUSVILLE FL**

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

TITLE **VS** ☐ Delete
NAME **WILLIAMS, MARLENE K.**
STREET ADDRESS **3964 HUNTERS RIDGE WAY**
CITY-ST-ZIP **TITUSVILLE 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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JEFFERY M WILLIAMS** 440-03 321-383-1964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)