

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J31757

1. Entity Name

JMARCO, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90361 042 ***150.00

Principal Place of Business

Mailing Address

% IRA STEWART WIESNER
1800 SECOND ST., STE 870
SARASOTA FL 34236-5964

% IRA STEWART WIESNER
1800 SECOND ST., STE 870
SARASOTA FL 34236-5907

00016309

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

35-1493567

Applied F.

Not App.

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

WIESNER, IRA STEWART
1800 SECOND STREET
SUITE 870
SARASOTA FL 33577

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
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MARTIN, JAMES
STREET ADDRESS 3003 DICK WILSON DR
CITY-ST-ZIP SARASOTA FL 34240

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

TITLE STD ☐ Delete
NAME MARTIN, M. SHIRL
STREET ADDRESS 3003 DICK WILSON DR
CITY-ST-ZIP SARASOTA FL 34240

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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CITY-ST-ZIP

TITLE ☐ Change ☐
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James J. Martin, James J. Martin, President 02.01.00 941.951.0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #