

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91539 028 ***150.00

DOCUMENT # J81622

1. Entity Name
JMT AND JMT ENTERPRISES, INC.

Principal Place of Business 653 MARINA POINT DRIVE DAYTONA BEACH FL 32114-5044	Mailing Address 653 MARINA POINT DRIVE DAYTONA BEACH FL 32114-5044
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1575 AVIATION CENTER Suite, Apt. #, etc. SUITE 504 City & State DAYTONA BEACH Zip FL 32114 Country U.S.	3. Mailing Address 1575 AVIATION CENTER Suite, Apt. #, etc. SUITE 504 City & State DAYTONA BEACH FL Zip 32114 Country U.S.
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4. FEI Number 59-2827614	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32015	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 YVONNE TESSIER (NOTE: Registered Agent signature required when reinstating) DATE 5/15/02

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PT TESSIER, YVON J. 653 MARINA POINT DAYTONA BEACH FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: YVONNE TESSIER (NOTE: SIGNATURE REQUIRED) DATE 5/15/02 Daytime Phone #

CR2E034 (9/01)