

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **K51900**

Entity Name

J & M MECHANICAL, INC.**FILED**
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90080 046 ***150.00

Principal Place of Business	Mailing Address
PINES BLVD PINES FL 33024	9720 PINES BLVD PEMBROKE PINES FL 33024-6228

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Country	Country

4. FEI Number	65-0086924	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, CHARLES R. 205 WIMICO DRIVE INDIAN HARBOUR BEACH FL 32937	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS	ST-ZIP	TITLE	NAME
JONES, CHARLES R.	205 WIMICO DRIVE INDIAN HARBOUR BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
JONES, MARLENE B	205 WIMICO DRIVE INDIAN HARBOUR BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 furnished 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)