

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90003 017 ***150.00

0484641

DOCUMENT # K71873

1. Entity Name
CJM TRUST CORPORATION

Principal Place of Business
**1528 PALM BAY RD NE
 PALM BAY FL 32937**

Mailing Address
**1528 PALM BAY RD NE
 PALM BAY FL 32937**

000155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
705 Malibu Lane
 Suite, Apt. #, etc.

3. Mailing Address
705 Malibu Lane
 Suite, Apt. #, etc.

City & State
Indialantic, Fl.

City & State
Indialantic, Fl.

Zip
32903 Country
USA

Zip
3203 Country
USA

4. FEI Number **NOT APPLICABLE** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VILLE, JEFFREY A
 1901-6 HIGHWAY A1A
 INDIAN HARBOUR BEACH FL 32937**

7. Name and Address of New Registered Agent

Name **Jeffrey A. Ville**
 Street Address (P.O. Box Number is Not Acceptable)
705 Malibu Lane
 City **Indialantic** FL Zip Code **32903**

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 *Jeffrey A. Ville* (NOTE: Registered Agent signature required when reinstating) DATE 1/8/01

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, 2001 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	D VILLE, MIKE 1901 S. HARBOR CTY. BLVD MELBOURNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLE, JEFF 1901 S. HARBOR CITY BLVD MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, DARWIN JR 1901 S. HARBOR CITY BLVD MELBOURNE FL	<input checked="" 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	Jeffrey A. Ville 705 Malibu Lane Indialantic, Fl. 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, D Jeff Ville 705 Malibu Lane Indialantic, Fl. 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Alpizar	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., S, D O. John Alpizar 1528 Palm Bay Rd. Palm Bay, Fl. 32905	<input type="checkbox"/> Change <input checked="" 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

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: *Jeffrey A. Ville* **Jeff Ville, Pres.** DATE 1/8/01 DAYTIME PHONE # 321-676-2511

CR2E034 (10/00)