

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90140 032 \*\*\*150.00

**DOCUMENT # K78470**

1. Entity Name  
**JML REALTY, INC.**

Principal Place of Business % <b>TIMOTHY S. SHAW</b> <b>720 SOUTH ORANGE AVENUE</b> <b>SARASOTA FL 34236</b>	Mailing Address % <b>TIMOTHY S. SHAW</b> <b>POST OFFICE BOX 3798</b> <b>SARASOTA FL 34230-3798</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0116171</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>SHAW, TIMOTHY S.</b> <b>720 SOUTH ORANGE AVENUE</b> <b>SARASOTA FL 34236</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ (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 Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROSS, ALFRED S</b>			NAME			
STREET ADDRESS	<b>150 ELM ST.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SO. DARTMOUTH MD 02748</b>			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LINSEY, THELMA R</b>			NAME			
STREET ADDRESS	<b>2770 SO OCEAN BLVD., #301N</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PALM BEACH FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

CR2E034 (9/99)

The entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame. The Department of State will dissolve/revoke the report will be cancelled and considered not filed.