2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900006523 1. Entity Name JMG CHARTERS, LLC							FILED 6/3/20 00 MAR -7 PM 3: 37				
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Principal Plac 9698 OXFORD		\$	9698 OXFORD STREET				SECRETARY OF STATE TALLAHASSEE FLORIDA				
NAPLES FL 3	4109		NAPLES FL 34109-1620	APLES FL 34109-1620			•••				
2. Principal P	Place of Busin	iess	3. Mailing Address	3. Mailing Address			1	DIRI KRIJI DRRIJ GORIO DIJOL O			
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE ·				
City & State			City & State			4. FEIN	Number 3603	038	Applied For Not Applicabl	le	
Zip		Country	Zip	Coun	ntry	I	ficate of Status Desired	□ \$5.00 / Fee Requ	Additional	_	
6. Name and Address of Current			ent Registered Agent			7. Nam	e and Address of New				
					Name		-				
GUITARD, JULIE C 9698 OXFORD STREET					Street Address	(P.O. Box N	lumber is Not Acceptabl	e)			
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TAT LEG I	L 04100			City			,	FL Zip C	ode	_	
8. The above named entity submits this statement for the purpose of changing its					ad office or regist	arad agent	or both in the State of Fi				
o. The above	rnamed entre	y submits this statemen	it for the purpose of changing is	s register	ed office of regist	ered agent,	or bour, in the otate of the	onda.			
SIGNATURE .	Signature tuned	or printed name of registered ag	rept and title if applycable (NO)	TE: Registere	d Agent signature requir	ed when reinstat	ina)	DATE			
	Signature, typeo	or printed mane or registered as	ļi,							\dashv	
			i i		FEE IS \$50.00						
			Make Check Pa	ayabie t	o pepartment	or State					
9.		MANAGING ME	MBERS/MEMBERS	10.			ADDITIONS	/CHANGES		⊒ ڀ	
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11. I hereby of indicated limited lia	certify that the on this reporability compar	e information supplied to t is true and accurate a ny or the receiver or true	with this filing does not qualify to and that my signature shall have stee empayed to execute this	the exe the same report as	mption stated in S e legal effect as if s required by Cha	Section 119. made unde gter 608, Flo	07(3)(i), Florida Statutes r oath; that I am a mana orida Statutes.	I further certify that the ging member or mana	e information ager of the		
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SIGNAT	URE: \	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING MANAGING	MEMBER C		UMA	<u> </u>	Daytime Phone	936-101		