

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90140 016 ***550.00

DOCUMENT# M46674

1. Entity Name
JMF ENTERPRISES, INC.

Principal Place of Business
638 WASHBURN RD.
MELBOURNE FL 32934

Mailing Address
638 WASHBURN RD.
MELBOURNE FL 32934

2. Principal Place of Business
851 Maguire Road
 Suite, Apt. #, etc.

3. Mailing Address
851 Maguire Road
 Suite, Apt. #, etc.

City & State
Ocoee FL

City & State
Ocoee, FL

Zip
34761 Country
USA

Zip
34761 Country
USA

4. FEI Number
59-3216015

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FITZPATRICK, JOAN M.
638 WASHBURN RD
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
851 Maguire Road
 City **Ocoee** **FL** Zip Code **34761**

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 *Joan M Fitzpatrick*
 Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
9-11-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **PD** ☐ Delete
 NAME **FITZPATRICK, JOAN M**
 STREET ADDRESS **638 WASHBURN RD.**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **SD** ☐ Delete
 NAME **MEURETT, CHRISTOPHER**
 STREET ADDRESS **638 WASHBURN RD.**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9-11-01** DAYTIME PHONE # **407 656-0067**

Date

Daytime Phone #

CR2E034 (5/01)