

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90060 031 ***150.00

DOCUMENT # P00000011375

1. Entity Name

JMI GROUP, INC.

Principal Place of Business

1432 COURT STREET
CLEARWATER FL 33756

Mailing Address

1432 COURT STREET
CLEARWATER FL 33756

2. Principal Place of Business

3490 EAST LAKE ROAD

3. Mailing Address

3490 EAST LAKE ROAD

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3641275

Applied For

Not Applicable

Zip

34685

Country

USA

Zip

34685

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTEMARANO, JOHN
1432 COURT STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

John Montemarano

Street Address (P.O. Box Number is Not Acceptable)

3490 EAST LAKE RD

Suite B

City

Palm Harbor

FL

Zip Code

34685

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

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

(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, 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

TITLE	P	☐ Delete
NAME	MONTEMARANO, JOHN	
STREET ADDRESS	1432 COURT STREET	
CITY-ST-ZIP	CLEARWATER FL 33756	
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	President	☒ Change ☐ Addition
NAME	John Montemarano	
STREET ADDRESS	3490 EAST LAKE RD, Suite B	
CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

John C. Montemarano

4/10/01

6277 771-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0427001

CR2E034 (10/00)