

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90008 031 ***150.00

DOCUMENT # P00000019303

1. Entity Name
JME HOMES, INC.

Principal Place of Business

**4543 PUTNAM ST
 MARIANNA FL 32446**

Mailing Address

**4543 PUTNAM ST
 MARIANNA FL 32446**

2. Principal Place of Business

4734-B Hwy 90
 Suite, Apt. #, etc.

3. Mailing Address

4543 Putnam St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marianna, Fla.

City & State

Marianna, Fla.

4. FEI Number

52-2220898

Applied For

Not Applicable

Zip

32446

Country

USA

Zip

32446

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HATCHER, JULIE S.
 4543 PUTNAM ST
 MARIANNA FL 32446**

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature] **Julie S. Hatcher**

1-16-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	<input type="checkbox"/> Delete
President	Julie S. Hatcher	4543 Putnam St.	Marianna, Fla. 32446	<input type="checkbox"/>
Sec-Treasurer	Bonnie N. Sartori	4543 Putnam St.	Marianna, Fla. 32446	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **Julie S. Hatcher**

1-16-01

850-526-2911

CR2E034 (10/00)