

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90008 020 ***150.00

0014574 AV

DOCUMENT # P0000028815

1. Entity Name
JCJM MANAGEMENT, INC.

Principal Place of Business
 1790 S NOVA RD
 DAYTONA BEACH FL 32119

Mailing Address
 1275 LA COSTA VILLAGE BLVD
~~DAYTONA BEACH FL 32119~~

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1275 La Costa Village Blvd.
 Suite, Apt. #, etc.

City & State
Port Orange, FL

Zip Country
32129 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3635596** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SCHNEBLY, JOHN JR
125 N. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent
 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 reinstalling)

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, 2002 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	D SCHNEBLY, JOHN JR 6028 SAWGRASS POINT DRIVE POINT ORANGE FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6022 Sawgrass Point Dr. Port Orange, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEBLY, JOHN SR 6026 SAWGRASS POINT DRIVE PORT ORANGE FL 31194	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Port Orange, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEBLY, CONNIE B 6026 SAWGRASS POINT DRIVE PORT ORANGE FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Port Orange, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEBLY, MARK H 6026 SAWGRASS POINT DRIVE PORT ORANGE FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Port Orange, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **1/4/02 (386)767-3551**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)