

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90072 037 ***150.00



DOCUMENT # P00000028815
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
PORT ORANGE FL 32119

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SCHNEBLY, JOHN JR |
| STREET ADDRESS | 6022 SAWGRASS POINT DR |
| CITY-ST-ZIP | PORT ORANGE FL 32128 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SCHNEBLY, JOHN SR |
| STREET ADDRESS | 6026 SAWGRASS POINT DRIVE |
| CITY-ST-ZIP | PORT ORANGE FL 32128 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SCHNEBLY, CONNIE B |
| STREET ADDRESS | 6026 SAWGRASS POINT DRIVE |
| CITY-ST-ZIP | PORT ORANGE FL 32128 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SCHNEBLY, MARK H |
| STREET ADDRESS | 6026 SAWGRASS POINT DRIVE |
| CITY-ST-ZIP | PORT ORANGE FL 32128 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John M. Schnebly* **President** 1/3/03 386.767.3551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)