

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

04-24-2002 90280 008 ***150.00

DOCUMENT # P0000062265

1. Entity Name
JFM & SONS, INC.

Principal Place of Business
3087 MICHIGAN AVENUE
KISSIMMEE FL

Mailing Address
~~629 LAKE BISCAYNE WAY~~
~~ORLANDO FL 32824 4305~~



2. Principal Place of Business

3. Mailing Address
9692 Loblolly Pine Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
ORLANDO, FL

4. FEI Number **59-3657175**

Applied For
 Not Applicable

Zip

Country

Zip
32827

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

ROMAN, JOSE F
~~629 LAKE BISCAYNE WAY~~
~~ORLANDO FL 32824~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
9692 Loblolly Pine Circle
 City **ORLANDO, FL** Zip Code **32827**

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 _____

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ROMAN, JOSE F | |
| STREET ADDRESS | 629 LAKE BISCAYNE WAY | |
| CITY-ST-ZIP | ORLANDO FL 32834 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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 |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/15/02**

Daytime Phone #

CR2E034 (4/02)

attachment

P00000062265

39098

JFM & Sons, Inc.
9692 Loblolly Pine Circle
Orlando, FL 32827
(407) 518-9840

July 15, 2002

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Ref. Document # P00000062265

Dear Sirs:

We sent our Uniform Business Report with the check in the amount of \$150.00 payable to Florida Department of State. Today we received the second notice, and immediately we called to your office. Your representative explained to us that you have returned the report for lack of signature, However, we did not receive the returned report.

According to your instructions, and in lieu of the previous report, we are sending the report with the new mailing address to substitute our previous annual report that apparently was lost in the mail.

I respectfully request the consideration of filing my UBR on time since we never received the returned mail. We apologize for any inconvenience.

Thank you for your cooperation.

Cordially,

Jose F. Roman, President and Resident Agent

