

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90184 008 ***558.75

DOCUMENT # **PO000075497** ✓

1. Entity Name

JVM ENTERPRISES, INC

Principal Place of Business

Mailing Address

**137 SHORE DR.
 PALM HARBOR, FL 34683**

2. Principal Place of Business

PO Box 608

3. Mailing Address

PO Box 608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORONA, FL

City & State

ORONA, FL

4. FEI Number

59-3723717

Applied For

Not Applicable

Zip

34660

Country

USA

Zip

34660

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

A0074544

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN AZANA
 137 SHORE DR.
 PALM HARBOR, FL 34683**

Name

PAUL RUSSILLO

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

226 FLORIDA AVE

City

CRYSTAL BEACH

FL

Zip Code
34681

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

Paul Russillo, PRES

PAUL RUSSILLO, PRES

6/19/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	JOHN AZANA	
STREET ADDRESS	137 SHORE DR.	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	D	☒ Delete
NAME	PAUL RUSSILLO	
STREET ADDRESS	PO BOX 608	
CITY-ST-ZIP	ORONA, FL 34660	
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	D VP T	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D P S	☐ Change ☒ Addition
NAME	PAUL RUSSILLO	
STREET ADDRESS	PO BOX 608	
CITY-ST-ZIP	ORONA, FL 34660	
TITLE	D	☐ Change ☒ Addition
NAME	NANCY HOGUE	
STREET ADDRESS	PO BOX 280	
CITY-ST-ZIP	DANVILLE, VT 05828	
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)(l), 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:

Paul Russillo, PRES

6/19/2001

727-786-4248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing/Signatures

CR2034 (11/00)