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

DOCUMENT

P00000089233

1. Entity Name

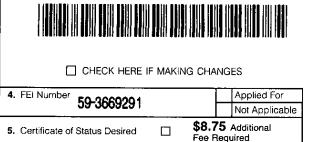
JMM FINANCIAL, INC.



Principal Place of Business Mailing Address 3050 OAKBROOK CIRCLE 3050 OAKBROOK CIRCLE **CLEARWATER FL 33759** CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State



03-03-2003 90969 049 ***150.00



6. Name and Address of Current Registered Agent MOORE. STEVEN E St 8200 BRIAN DAIRY ROAD **STE 300 LARGO FL 33777** City

Zip

ame.					
reet Addre	ess (P.O. Box Nur	nber is Not Acceptable	e)		
ty			EI	Zip Code	

7. Name and Address of New Registered Agent

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...

Country

SIGNATURE

Zip

FILE NOW!!! FEE IS \$150.00

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

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing

\$5.00 May Be

Make Chec	k Payable to Florida Department of State			Rust Fund Contribution. L. Added to Fees			
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARICLE, JEFFREY M 28463 U.S. HIGHWAY NORTH SUITE 101- CLEARWATER FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			

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 receivey 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 ent with an address, with all other like empowered. changed, or on an att

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

___ Addition