

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90088 011 ***150.00

DOCUMENT # **P01000028513**

1. Entity Name

JJPBSM, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1970 E. Osceola Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 303

DO NOT WRITE IN THIS SPACE

City & State

City & State

Kissimmee, FL

4. FEI Number

59-3711329

Applied For

Not Applicable

Zip

Country

Zip

Country

34743

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Patrick Joseph Rafferty

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

1970 E Osceola Pkwy

Box 303

City

Kissimmee

FL

Zip Code

34743

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **President**
NAME **Patrick Joseph Rafferty**
STREET ADDRESS **1970 E. Osceola Pkwy Box 303**
CITY-ST-ZIP **Kissimmee, FL 34743**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Hemphill

4/30/02

407-846-3371

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.