

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90295 015 \*\*\*150.00

**DOCUMENT # P01000062953**

1. Entity Name

JCM RESTAURANT CORPORATION

Principal Place of Business

909 WILD CHERRY COURT  
 HEATHROW FL 32746

Mailing Address

909 WILD CHERRY COURT  
 HEATHROW FL 32746

2. Principal Place of Business

5150 US 192

Suite, Apt. #, etc.

3. Mailing Address

Same AS #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3728384

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANSIR, CHARLES H III  
 909 WILD CHERRY COURT  
 HEATHROW FL 32746

JAMES MARTIN  
 5318 DEER CREEK DR  
 ORLANDO FL 32821

7. Name and Address of New Registered Agent

Name

JAMES MARTIN

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

5318 DEER CREEK DR

City

ORLANDO FL

Zip Code

32821

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 James Martin

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

(NOTE: Registered Agent's signature required when reinstating)

4-28-02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 D MANSIR, CHARLES H III 909 WILD CHERRY COURT HEATHROW FL 32746 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 D MARTIN, JIM 5318 DEER CREEK DRIVE ORLANDO FL 32821 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

James Martin  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02  
 Date

Daytime Phone #

CR2E034 (9/01)