

5/22/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-22-2002 90162 029 ***150.00

DOCUMENT # P01000089027

1. Entity Name
JDM STAFFING, INC.

Principal Place of Business
**86 THIRD STREET NORTHWEST
 WINTER HAVEN FL**

Mailing Address
**POST OFFICE BOX 934
 WINTER HAVEN FL 33882**



2. Principal Place of Business
290 Ave A. NW.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Winter Haven FL
 Zip
33881
 Country
US

City & State

Zip

Country

4. FEI Number

04-3609104

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TURNER, MARK G
255 MAGNOLIA AVENUE SOUTHWEST
WINTER HAVEN FL 33880

Name

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

City

FL

Zip Code
33884

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's 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, 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 KINGHAM, MARK
POST OFFICE BOX 934
WINTER HAVEN FL 33882 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D KINGHAM, WENDY
POST OFFICE BOX 934
WINTER HAVEN FL 33882 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)