FILED

## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Mar 27, 2002 8:00 am **Secretary of State** DOCUMENT # P01000090737 1. Entity Name 03-27-2002 90017 050 \*\*\*150.00 J.E.D. PROPERTY MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 9150 GALLERIA COURT #100 9150 GALLERIA COURT #100 NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address 9130 Corsea del Fontana 9130 Corsea del Fontana Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Way City & State City & State Applied For 4. FEI Number 59-3744779 Naples, Florida Naples, Florida Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 34109 34109 Fee Required U.S. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Joseph Ε. <u>D'Jamoos</u> MONACO, MARY W. Street Address (P.O. Box Number is Not Acceptable) 9130 Corsea del Fontana -9150 GALLERIA COURT #100 Way NAPLES FL 34109 Zip Code , <u>Naples</u> 34109 8. The above hamed statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Joseph E. D'Jamoos SIGNATURE stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) ☐ Delete TITLE Addition Change NAME D'JAMOOS, JOSEPH E NAME 9150 GALLERIA COURT #100 9130 Corsea del Fontana Way STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP Naples, Florida 34109 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE · [ ] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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 or address, with all other like empowered.

D'Jamoos