

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

0900797 AV

DOCUMENT # P01000090737

1. Entity Name
J.E.D. PROPERTY MANAGEMENT SERVICES, INC.

03-27-2002 90017 050 ***150.00

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 Way **9130 Corsea del Fontana Way**
 Suite, Apt. #, etc. Way Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Naples, Florida** City & State **Naples, Florida** 4. FEI Number **59-3744779** Applied For
 Not Applicable

Zip **34109** Country **U.S.** Zip **34109** Country **U.S.** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MONACO, MARY W. Name **Joseph E. D'Jamoos**
~~9150 GALLERIA COURT #100~~ Street Address (P.O. Box Number is Not Acceptable) **9130 Corsea del Fontana Way**
NAPLES FL 34109 City **Naples** **FL** Zip Code **34109**

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 **Joseph E. D'Jamoos**
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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD D'JAMOOS, JOSEPH E 9150 GALLERIA COURT #100 NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9130 Corsea del Fontana Way Naples, Florida 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

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: **Joseph E. D'Jamoos** Date **941-596-2733**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #