2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100093972 1. Entity Name IPM MANAGEMENT INC

SIGNATURE:

FILED Mar 25, 2002 8:00 am Secretary of State

JPM MANAGEMENT, INC. 216/2 AMERICAN UNITED EMPLOYERS					03-25-2002 90030 009 ***150.00				
Principal Place 1962 WOOD B	ne of Business NOOK-STREET 226 F.JACYOMS NGS FL 34689	Mailing Address PLIN 1962 WOOD BROOK STRE TARPON SPRINGS FL 346		TARPON			** ************	18(8 1 18) 1881	
Principal Place of Business A. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State	City & State			FEI Number 59-3746437 Applied For Not Applicable			
Zip د	Country	Zip Cc			5. Certificate of Status Desired		Fee Require	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent	lomo	7. Name and Address of New Registered Agent					
1962 WOO	HOHN R. Hall, Sean (OD BROOK STREET OPRINGS FL 34689	9	Name Hall Sean Charles Street Address (P.O. Box Number is Not Acceptable) 2188 Wood Plage Rd-						
8. The above named entire submits this statement of the parapose of charging its registered office or registered agent, or both, in the State of Florida. SIGNATURE 3602									
0.0.1.	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Ag	ent signature required	when reinstating)	DA	TE		
Tax filing	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			tion Campalgn Financing t Fund Contribution.	□ \$5.0 □ Added	00 May Be d to Fees	
11.		D DIRECTORS	12.			HANGES TO OFFICERS			
NAME	D PRESIDENT MELTON, JOHN P 1962 WOOD BROOK STREET TARPON SPRINGS FL 34689	☐ Delete	TITLE NAME STREET AI CITY-ST-	DORESS ZIBB ZIP LONG	President v Chaeles Woodride wood. Fl	HALL Je, Rd. 32719	☐ Change	Addition 3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · ·	☐ Delete	TITLE NAME STREET AI CITY-ST-	Dea DDRESS 214	retary/Tread in DiPaolo 2 Chippen ithmd. F		☐ Change	⊠ . Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-	DDRESS .			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Land College	☐ Delete	TITLE NAME STREET AI CITY-ST-	1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-	1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-	ZIP		,	☐ Change	☐ Addition	
13. I hereby of indicated of the cor	r certify that the information supplied w I on this report or supplemental repor poration or the receiver or trustes	ith this fling does not qualify for the true and accurate and that if howeved to execute this report	or the exempt my signature t as required	tion stated in Se shall have the s by Chapter 607	ction 119.07(3)(i), same legal effect 7, Florida Statutes;	Florida Statutes. I further as if made under oath; the and that my name appe	r certify that the in at I am an officer ars in Block 11 o	nformation or director r Block 12 if	