

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-14-2002 90343 028 ***150.00

DOCUMENT # P01000110781

1. Entity Name

JMC OF MARION COUNTY, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17860 S.E. 109th Ave

3. Mailing Address

17860 S.E. 109th Ave

Suite, Apt. #, etc.

618

Suite, Apt. #, etc.

618

DO NOT WRITE IN THIS SPACE

City & State

Summerfield, FL

City & State

Summerfield, FL

4. FEI Number

01-0553270

Applied For

Not Applicable

Zip

34491

Country

Marion

Zip

34491

Country

Marion

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joan Lee

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

17860 S.E. 109th Ave

618

City

Summerfield,

FL

Zip Code

34491

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 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>D. P. T</u>
NAME	<u>LEE, JOON</u>
STREET ADDRESS	<u>17860 S.E. 109TH # 618</u>
CITY-ST-ZIP	<u>Summerfield, FL 34491</u>
TITLE	<u>D. V.P.</u>
NAME	<u>LEE, MIAE</u>
STREET ADDRESS	<u>17860 S.E. 109TH AVE #618</u>
CITY-ST-ZIP	<u>Summerfield, FL 34491</u>
TITLE	<u>DS.</u>
NAME	<u>LEE, CHUL</u>
STREET ADDRESS	<u>17860 S.E. 109TH AVE #618</u>
CITY-ST-ZIP	<u>Summerfield, FL 34491</u>
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 407) 628-4553

CR2E034B (12/01)