2003 FOR PROFIT CORPORATION

Aug 13, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000072156 DOCUMENT # 08-13-2003 90072 033 ***150.00 1. Entity Name JMA ASSOCIATES, INC. Mailing Address Principal Place of Business P.O. BOX 12589 P.O. BOX 12589 ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. . X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For <u>73-</u> 1652*83*9 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ACCEN, LAMES M (P.O. Box Number is Not Acceptab 12332 CAPRI CIRCLE NORTH TREASURE ISLAND FE 98706 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE ☐ Delete ALLEN, BARBARA D NAME NAME P.O. BOX 12589 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33733 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE allen, jesse m NAME NAME P.O. BOX 12589 STREET ADDRESS STREET ADDRESS ST. PETERSBURG-FL 33733 CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

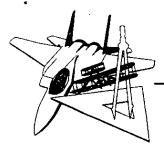
SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Attachment 80138018



J. M. A. Associates

POST OFFICE BOX 12589 ST. PETERSBURG, FLORIDA 33733

> TELEPHONE 727-367-5578 FAX 727-367-4297

11 August, 2003

Florida Department of State Secretary of State Division of Corporations P.O. Box 6327 Tallahassee 32314

Re: Document number @-02000072156

Attn: Glenda E. Hood

This is the first notice I received of the 2003 Uniform Business Report. I am enclosing the \$ 150.00 filing fee and request the penalty for late payment be waived.

Sincerely,

Barbara D. Allen

President JMA Associates