

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90162 046 \*\*\*150.00

**DOCUMENT # P02000122730**

**1. Entity Name**  
**JSM HOUSING, INC.**



**Principal Place of Business**  
**531 MAIN STREET**  
**SUITE J**  
**SAFETY HARBOR FL 34695**  
**US**

**Mailing Address**  
**531 MAIN STREET**  
**SUITE J**  
**SAFETY HARBOR FL 34695**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**14-1856729**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**ROBERT F. DIMARCO, CPA**  
**3444 EAST LAKE ROAD**  
**SUITE 412**  
**PALM HARBOR FL 34685**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**P**  
**JOHN, MASCITELLI**  
**109 TIMBER CIRCLE**  
**SAFETY HARBOR FL 34685**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ Addition

**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.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/18/03 727-723-8408**

CR2E034 (4/03)

Attachment 90150804  
Robert F. DiMarco, C.P.A.

Member:  
American Institute of  
Certified Public Accountants

3444 East Lake Road, Suite 412  
East Lake Woodlands Executive Center  
Palm Harbor, Florida 34685  
Phone: (727) 787-5290  
Fax: (727) 786-3785

Member:  
Florida Institute of  
Certified Public Accountants

July 14, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2003 UBR  
Document # P02000122730

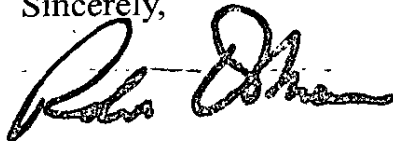
Gentlemen:

The attached 2003 UBR is the first notice this client, JMS Housing Inc., has received. This is a new corporation and this is their initial filing.

Please waive the late fee and accept the original filing fee of \$150.00.

Should you require further information, please contact this office.

Sincerely,



Robert F. DiMarco  
Certified Public Accountant

RFD/pac