

DOCUMENT # P10654

1. Entity Name
J. B. C. CONSULTING, INC.

Principal Place of Business
2137 ESPEY CT.
STE 1
CROFTON MD 21114

Mailing Address
2137 ESPEY CT.
STE 1
CROFTON MD 21114

2. Principal Place of Business

3. Mailing Address

717 Warren Drive

Suite, Apt. #, etc.

Annapolis MD

City & State

City & State

Zip

Country

Zip

Country

21403

USA

4. FEI Number

52-0894036

Applied For

Not Applicable

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

BURNETT, CHARLES R.
SUITE 650
225 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

Name

Morton R French III

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

2564 AVE. AU. Soleil

City

641 STREAM

FL

Zip Code

33483

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

Morton R French III

20 NOV 00

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)

☒

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min will be \$750.00
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
PD
CARAMANICO, JOHN J.
1506 ELWYN AVENUE
CROFTON MD

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003508655-7
-12/20/00--01045--011
****750.00 ****750.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CARAMANICO, BETTY
1506 ELWYN AVENUE
CROFTON MD

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
717 WARREN DR
ANNAPOLIS MD 21403

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CARAMANICO, EDWARD
1506 ELWYN AVENUE
CROFTON MD

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
717 WARREN DRIVE
ANNAPOLIS MD 21403

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CHRIS CARAMANICO
717 WARREN DRIVE
ANNAPOLIS MD 21403

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AD

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
CORPORATIONS

00 DEC 11 PM 4:57



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

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CR2E034 (500)