

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90036 001 ***600.00

DOCUMENT # P93000024291

1. Entity Name

JM&A SERVICES, INC.

Principal Place of Business

Mailing Address

**190 NW 120TH AVE
DEERFIELD BEACH FL 33442****111 NW 12TH AVE
DEERFIELD BEACH FL 33442-1701
US****11344**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 NW 12TH AVENUE
Suite, Apt. #, etc.**111 NW 12TH AVENUE**
Suite, Apt. #, etc.

City & State

City & State

DEERFIELD BEACH FL**DEERFIELD BEACH FL**

Zip

Country

Zip

Country

33442**USA****33442****USA**

4. FEI Number

65-0401953

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

**C T CORPORATION SYSTEMS
1200 S PINE ISLAND RD
PLANTATION FL**

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.

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
D	MORAN, PATRICIA G	100 NW 12TH AVE DEERFIELD BEACH FL 33442		<input type="checkbox"/>
D	BROWN, COLIN W	100 NW 12TH AVE DEERFIELD BEACH FL 33442		<input type="checkbox"/>
VPM	GIERTZ, HOLLY C	100 NW 12TH AVE DEERFIELD BEACH FL 33442		<input type="checkbox"/>
AT	CURRAN, WILLIAM	100 NW 12TH AVE DEERFIELD BCH FL 33442		<input type="checkbox"/>
VP	ALLEN, DAVID A	100 NW 12TH AVE DEERFIELD BCH FL 33442		<input type="checkbox"/>
S	WHELAN, JOHN J	100 NW 12TH AVE DEERFIELD BCH FL		<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D/P	FEAGLES, LOUIS R	100 NW 12TH AVENUE DEERFIELD BEACH FL 33442		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DNP/AT	MCWILLIAMS, Donna C	100 NW 12TH AVENUE DEERFIELD BEACH FL 33442		<input type="checkbox"/>	<input checked="" type="checkbox"/>
AVP/AS	GUTTUSO, MARIA K	100 NW 12TH AVENUE DEERFIELD BEACH FL 33442		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DNP/AT	CURRAN, WILLIAM F	100 NW 12TH AVENUE DEERFIELD BEACH FL 33442		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)