

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000079700
1. Entity Name
J & M DESIGN, INC.

**FILED
Apr 24, 2002 8:00 am
Secretary of State**

04-24-2002 90304 013 ***150.00

Principal Place of Business		Mailing Address	
61588 RIVERWALK LN 8 JUPITER FL 33458 US		61588 RIVERWALK LN 8 JUPITER FL 33458 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			

4. FEI Number	Applied For
65-0479001	Not Applicable

A standard linear barcode is located at the bottom of the page, spanning most of the width. It is used for tracking and identification of the journal issue.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POETZ, MARGARET K
6158-8 RIVERWALK LN
JUPITER FL 33458

—Name

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

City

51 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** _____

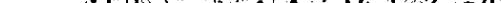
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	P POETZ, MARGARET 6158-8 RIVERWALK LN JUPITER FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POETZ, JOHN 6158-8 RIVERWALK LN JUPITER FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02 561-389-5044
Date Daytime Phone #