

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022607

1. Entity Name

JM CONSTRUCTORS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90176 047 \*\*\*150.00

Principal Place of Business

Mailing Address

1008 GLEBE LANE  
 SARASOTA FL 34242  
 US

1008 GLEBE LANE  
 SARASOTA FL 34242-1823  
 US

2. Principal Place of Business

3. Mailing Address

1779 South Creek DR  
 Suite, Apt. #, etc.

1779 South Creek DR  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Osprey FL

City & State

Osprey FL

4. FEI Number

65-0479318

Applied For

Not Applicable

Zip

Country

34229 Sarasota

Zip

Country

34229 Sarasota

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

SMITH, MARK D  
 1008 GLEBE LANE  
 SARASOTA FL 34242

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

MARK D. SMITH  
 Mark D Smith

PRESIDENT

4/26/2000

(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 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	D	<input checked="" type="checkbox"/> Delete
NAME	NEEL, JOHN M	
STREET ADDRESS	4509 MINK WAY	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARK D	
STREET ADDRESS	1008 GLEBE LANE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mark D Smith President

Date

Daytime Phone #

4/26/00 (904) 918-0908

CR2E034 (9/99)