

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9500002047

1. Entity Name

J & M Consultants, Inc.

FILED

02 APR 30 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
27211 Driftwood Drive

3. Mailing Address
27211 Driftwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs

City & State
Bonita Springs

4. FEI Number
59-3294005

Applied For
Not Applicable

Zip
34135

Country
USA

Zip
34135

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Hurwitz, Jeffrey L

Street Address (P.O. Box Number is Not Acceptable)
27211 Driftwood Drive

City
Bonita Springs

FL

Zip Code
34135

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
Hurwitz, Jeffrey L
27211 Driftwood Drive
Bonita Springs FL 34135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
Hurwitz, Mindy Joy
27211 Driftwood Drive
Bonita Springs FL 34135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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****300.00 ****300.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hurwitz, Jeffrey

3-26-02

Date

941 390-2432

Daytime Phone #

CR2E034B (12/01)