

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022014

1. Entity Name

J.D.M. MEDICAL, INC.

R

FILED
Jun 23, 2000 8:00 am
Secretary of State

05-24-2000 90077 025 ***150.00

Principal Place of Business
 6671 CAROLINE ST
 MILTON FL 32570
 US

Mailing Address
 P.O. BOX 1064
 PACE FL 32571-0064
 US

2. Principal Place of Business
4562 Chumuckla Hwy.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Pace, FL

City & State

4. FEI Number **62-1606496**

Applied For
 Not Applicable

Zip *32571* Country *Santa Rosa*

Zip Country

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

MCDONALD, JACK
~~P.O. BOX 1064~~ *4651 Hamilton Bridge Rd.*
 PACE FL 32571

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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	MCDONALD, JACK D		
	4651 HAMILTON BRIDGE ROAD		
	PACE FL		
S	MCDONALD, SHARON K		
	4651 HAMILTON BRIDGE RD		
	PACE FL		

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:

Jack McDonald
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00
 Date

850-895-0382
 Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE