

Amended

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT -3 PM 12:01

DOCUMENT # P95000040094

1. Entity Name
JM- CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

100008307101--8
-10/10/02--01053--003
*****61.25 *****61.25

2. Principal Place of Business 3230 N. 36 STREET Suite, Apt. #, etc.		3. Mailing Address 3230 N. 36 STREET Suite, Apt. #, etc.	
City & State HOLLYWOOD, FLORIDA		City & State HOLLYWOOD, FLORIDA	
Zip 33021	Country USA	Zip 33021	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0586608	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name BOTKNECHT, JONAH	
Street Address (P.O. Box Number is Not Acceptable) 3230 N. 36 STREET	
City HOLLYWOOD	FL Zip Code 33021

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
P/D
BOTKNECHT, MARY
3230 N. 36 STREET
HOLLYWOOD, FLORIDA 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T/D
BOTKNECHT, JONAH
3230 N. 36 STREET
HOLLYWOOD, FLORIDA 33021

TITLE
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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

954-962-4444

Daytime Phone #

MARY BOTKNECHT, PRESIDENT

CR2E034B (12/01)