2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P95000086538 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name JMP GROUP, INC. 04-04-2000 90082 016 ***150.00 Mailing Address Principal Place of Business 1937 SAND LAKE ROAD 1937 SAND LAKE ROAD ORLANDO FL 32809 ORLANDO FL 32809-7631 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Applied For City & State 4. FEI Number City & State 59-3347983 Not Applicable Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINO, JOSE M Street Address (P.O. Box Number is Not Acceptable) 1937 SAND LAKE RD. ORLANDO FL 32809 Zip Code FL pose of changing its registered office or registered agent, or both, in the State of Florida submits this statement for 8. The above named entity SIGNATURE (NOTE, Registered Agent signature required when reinstating) e of registered agent and title if applicable Signature, typ 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE ☐ Change ☐ Addition TITLE PINO, JOSE M NAME NAME STREET ADDRESS STREET ADDRESS 6670 CRISTINA MARIE DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Addition ☐ Change ☐ Delete TITLE TITLE PINO, JUNE M NAME STREET ADDRESS STREET ADDRESS 6670 CRISTINA MARIE DRIVE CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32835 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trastice empowered to execute this eport 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.