

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004913

1. Entity Name
J & M MARKETING SERVICES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90960 009 ***150.00

Principal Place of Business
2441 BELLEVUE AVENUE
DAYTONA BEACH FL 32114

Mailing Address
2441 BELLEVUE AVENUE
DAYTONA BEACH FL 32114

2. Principal Place of Business
418 S. Ridgewood Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 10469
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Daytona Beach, FL
Zip 32114 Country USA

City & State
Daytona Beach, FL
Zip 32114 32120 USA

4. FEI Number 59-3350425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOGUIDICE, JOSEPH A
2441 BELLEVUE AVENUE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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

4-27-01

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, 2001 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

TITLE D
NAME MARELLO, JOHN
STREET ADDRESS 2441 BELLEVUE AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE D
NAME MARELLO, MARY
STREET ADDRESS 2441 BELLEVUE AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01

800-881-2886

CR2E034 (10/00)