

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90048 025 ***158.75

DOCUMENT # P96000004913

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

Principal Place of Business
418 S. RIDGEWOOD AVE
DAYTONA BEACH FL 32114

Mailing Address
P.O. BOX 10469
DAYTONA BEACH FL 32120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
21 Bowers cone

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spencerport, N.Y.

4. FEI Number 59-3350425

Applied For

Not Applicable

Zip Country

Zip Country

14559 USA

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

LOGUIDICE, JOSEPH A
2441 BELLEVUE AVENUE
DAYTONA BEACH FL 32114

Name John Marellio
Street Address (P.O. Box Number is Not Acceptable) 418 S. Ridgewood
City Daytona Beach FL Zip Code 32114

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 *John R Marellio*
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARELLO, JOHN	
STREET ADDRESS	2441 BELLEVUE AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARELLO, MARY	
STREET ADDRESS	2441 BELLEVUE AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21 Bowers cone	
STREET ADDRESS	SPENCERPORT, N.Y. 14559	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21 Bowers cone	
STREET ADDRESS	SPENCERPORT, N.Y. 14559	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John R Marellio*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 585-349-3139
 Date Daytime Phone #

CR2E034 (9/01)