

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008858

1. Entity Name

J. & M. PRODUCTIONS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90107 046 \*\*\*150.00

Principal Place of Business

3197 60TH ST SW  
NAPLES FL 34116

Mailing Address

600 GOODLETTE RD. N.  
SUITE 104  
NAPLES FL 34102-5662  
US

2. Principal Place of Business

5790 Copper Leaf Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Naples FL

City & State

4. FEI Number 65-0695904

Applied For  
Not Applicable

Zip  
34116

Country

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

JUREIT, LESLIE  
3197 60TH ST SW  
NAPLES FL 34116

Name

Street Address (P.O. Box Number is Not Acceptable)  
5790 Copper Leaf Lane

City Naples FL Zip Code 34116

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

TITLE DPT  
NAME JUREIT, LESLIE L  
STREET ADDRESS 3197 60TH ST SW  
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 5790 Copper Leaf Lane  
CITY-ST-ZIP Naples, FL 34116 ☒ Change ☐ Addition

TITLE DVPS  
NAME MUELLER, CYNTHIA E  
STREET ADDRESS 3197 60TH ST SW  
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 5790 Copper Leaf Lane  
CITY-ST-ZIP Naples, FL 34116 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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

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 #

CR2E034 (9/99)