

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028539

1. Entity Name

JMM MARKETING CO.

Principal Place of Business

9200 S US HWY 441
OCALA FL 34480

Mailing Address

9200 S US HWY 441
OCALA FL 34480-8212
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3379300

Applied For

Not Applicable

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

CROSS, R SCOTT
108 N MAGNOLIA AVE
STE 101
OCALA FL 34475

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

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	DP	<input type="checkbox"/> Delete
NAME	RAMBO, MAUREEN	
STREET ADDRESS	5671 SW 35 LN	
CITY-ST-ZIP	OCALA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RAMBO, JASON	
STREET ADDRESS	5671 SW 35 LN	
CITY-ST-ZIP	OCALA FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RAMBO, MICHELE	
STREET ADDRESS	5671 SW 35 LN	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RAMBO, WAYNE	
STREET ADDRESS	5671 SW 35TH LANE	
CITY-ST-ZIP	OCALA FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Maureen J. Rambo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maureen J. Rambo 3-14-00

Date

352-307-2833
Daytime Phone

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90078 002 ***150.00

00040140



DO NOT WRITE IN THIS SPACE

CD000001 (0/00)