

2001 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
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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

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 **DP** ☐ DeleteNAME **RAMBO, MAUREEN**
STREET ADDRESS **5671 SW 35 LN**
CITY-ST-ZIP **OCALA FL**TITLE **DVP** ☐ DeleteNAME **RAMBO, JASON**
STREET ADDRESS **5671 SW 35 LN**
CITY-ST-ZIP **OCALA FL**TITLE **DS** ☐ DeleteNAME **RAMBO, MICHELE**
STREET ADDRESS **5671 SW 35 LN**
CITY-ST-ZIP **OCALA FL**TITLE **DT** ☐ DeleteNAME **RAMBO, WAYNE**
STREET ADDRESS **5671 SW 35TH LANE**
CITY-ST-ZIP **OCALA FL**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS **5655 SE 43 Ct.**
CITY-ST-ZIP **Ocala, FL 34480**TITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS **5655 SE 43 Ct.**
CITY-ST-ZIP **Ocala, FL 34480**TITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS **5655 SE 43 CT.**
CITY-ST-ZIP **Ocala, FL 34480**TITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS **5655 SE 43 Ct.**
CITY-ST-ZIP **Ocala, FL 34480**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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

3-21-01

Date

352-307-2833

Daytime Phone #

CR2E034 (10/00)

0552582

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90061 049 ***150.00

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DO NOT WRITE IN THIS SPACE