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2002 UNIFORM BUSINESS REPORT (UBR)					FILED Jan 10, 2002 8:00 am	0012890 1 90	
DOCUMENT # P96000037495 1. Entity Name					Secretary of State	r 8	
J&PMA	NAGEME	ENT PROPERTIES,	INC.			01-10-2002 90003 033 ***150.00	<
Principal Place of Business 219 SANDY CIRCLE SOUTH DAYTONA FL 32119		Mailing Address 219 SANDY CIRCLE SOUTH DAYTONA FL 32119			901268		
Principal Place of Business 3. Mailing Address					- I TOOTHAN HA TOTTO TAKIT DATIT DATIT DATIT DATIS DATIG STIKL HUDIT ATOTA TOTAK ATT -	i iill i	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	e		City & State			4. FEI Number 59-3378286 Applied F	
Zip	Salares S	Country	Zip	Country		5. Certificate of Status Desired	
		and Address of Current F	tegistered Agent			7. Name and Address of New Registered Agent	
	<u> </u>	and Madress of Contents	ogiotoria Agom		Name .	The same state of the same sta	
STÁTT, PATRICIA 219 SANDY CIRCLE			-	Street Address (P.O. Box Number is Not Acceptable)			
	AYTONA FI	. 32119			100		
			٦-	City FL Zip Code			
8. The above	named entit	v submits this statement for	the purpose of changing its r	reaistered	office or register	red agent, or both, in the State of Florida.	
		,		-9			
SIGNATURE _	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Ag	ent signature required	d when reinstating) DATE	-
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!!			FFF IS	\$150.00			
		and elects to do so.	After May 1, 200	_		10. Election Campaign Financing \$5.00 May Trust Fund Contribution.	
(See criteria on back) Make Check Payable			e to Depa	rtment of Sta	ate - Mastralia communities - Added to rec		
11.		OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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NAME

STREET ADDRESS

CITY-ST-ZIP

13. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP