

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043877

1. Entity Name

JMS DESIGN, INC.

Principal Place of Business

Mailing Address

25 SEABREEZE AVENUE  
SUITE #304  
DELRAY BEACH FL 33483

25 SEABREEZE AVENUE  
SUITE #304  
DELRAY BEACH FL 33435-4917

2. Principal Place of Business

3. Mailing Address

211 SOUTH FEDERAL HWY.

211 SOUTH FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #11

SUITE 11

City & State

City & State

BOYNTON BCH., FLA

BOYNTON BCH., FLA.

Zip

Country

Zip

Country

33435

USA

33435

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIPULA, MICHAEL E  
1670 NW 61 AVE  
MARGATE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

16106 75TH AVE NORTH

City

PALM BCH GARDENS

FL

Zip Code

33418

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

1-3-00

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          | D                           | <input type="checkbox"/> Delete |
| NAME           | SIPULA, MICHAEL E           |                                 |
| STREET ADDRESS | 16106 75TH AVENUE NORTH     |                                 |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL 33418 |                                 |
| TITLE          | VTD                         | <input type="checkbox"/> Delete |
| NAME           | SMITH, JEFFREY J            |                                 |
| STREET ADDRESS | 1670 NW 61 AVE              |                                 |
| CITY-ST-ZIP    | MARGATE FL 33063            |                                 |
| 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 type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

|                |  |  |
|----------------|--|--|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| NAME           |  |  |
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| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY SMITH

01/03/2000 (561) 735-9990  
Date Daytime Phone #

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90023 045 \*\*\*150.00

00000550



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0669046 ☐ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required