

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90162 023 ***158.75

DOCUMENT# P97000027321

1. Entity Name

JMP Capital, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1495 Forest Hill Blvd.

3. Mailing Address

1495 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

Suite G

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FFL Number

650752219

Applied For

Not Applicable

Zip

33406

Country

US

Zip

33406

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lewis, Daniel P.

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

1495 Forest Hill Blvd.

Suite G

City

West Palm Beach

FL

Zip Code
33406

DO NOT WRITE
IN THIS SPACE

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Lewis, Daniel P.
1495 Forest Hill Blvd. Suite G
West palm Beach, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 #

04-08-02 561-964-0700

CR2E034B (12/01)