

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -4 PM 12:50

DOCUMENT # P97000034032

1. Entity Name

JPMP Properties, Inc



DO NOT WRITE IN THIS SPACE

REINSTATEMENT

03-04

3/4/04 01006 002 165.00
11/4/03 01029 004 150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

JPMP Properties

3. Mailing Address

109 Commerce Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

4. FEI Number

59-3441877

Applied For

Not Applicable

Zip

34677

Country

Pinellas

Zip

34677

Country

Pinellas

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

7. Name and Address of Current Registered Agent

Name Paul Giansiracusa

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

109 Commerce Blvd.

City

Oldsmar

FL

Zip Code

34677

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul Giansiracusa President

2/26/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$87.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.	TITLE	
NAME	Paul Giansiracusa	NAME	
STREET ADDRESS	109 Commerce Blvd.	STREET ADDRESS	
CITY-STATE-ZIP	Oldsmar, FL 34677	CITY-STATE-ZIP	
TITLE	VP	TITLE	
NAME	John Veth	NAME	
STREET ADDRESS	109 Commerce Blvd	STREET ADDRESS	
CITY-STATE-ZIP	Oldsmar, FL 34677	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 10 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

2/26/04 727-487-4466

per Pat
Bailey
3/4/04

CR2E034B (12/02)

October 20, 2003

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

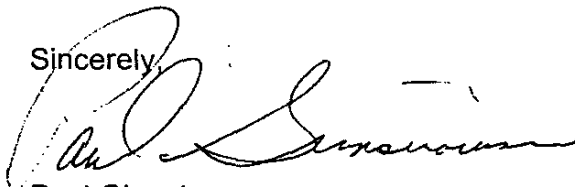
Re: Document #: **P97000034032**

To Whom It May Concern:

I am writing to inform you that I have not received the 60 days notice and am requesting a waiver. I have enclosed a check in the amount of \$150.00. Please accept this as payment for the renewal fee.

Should you need to speak with me regarding this matter, please contact me at 813-854-3354.

Sincerely,



Paul Giansiracusa

President J.B.M.P. Properties Inc.