

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90063 024 ***150.00

DOCUMENT # P97000047968

1. Entity Name

JSE MANAGEMENT CORP.

Principal Place of Business

Mailing Address

10057 HICKORYWOOD PLACE
 BOYNTON BEACH FL 33437
 US

10057 HICKORYWOOD PLACE
 BOYNTON BEACH FL 01702-5419
 US

00016877

2. Principal Place of Business

3. Mailing Address

10057 Hickorywood Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach, FL

4. FEI Number

65-0757614

Applied For

Not Applicable

Zip

Country

33437

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELFMAN, THELMA
 10057 HICKORYWOOD PLACE
 BOYNTON BEACH FL 33937

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 may
 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVTD
 ELFMAN, JAY S
 10057 HICKORYWOOD PLACE
 BOYNTON BEACH FL 33437

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
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TITLE ☐ Change ☐
 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 12, as 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

Date

Daytime Phone #

By: *JMS* President

01/21/00

508 393 7