

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 08, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000107168**1. Entity Name  
JMG FINANCIAL SERVICES, INC.Principal Place of Business  
348 SW MIRACLE STRIP PKWY., SUITE 39  
FT. WALTON BEACH FL 32548  
Mailing Address  
P O BOX 1419  
FT. WALTON BEACH FL 32549 US2. Principal Place of Business  
220 EGLIN PKWY. SE

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 5

Suite, Apt. #, etc.

City & State  
FORT WALTON BEACH FL

City &amp; State

Zip Country  
32548

Zip Country

4. FEI Number  
59-3483285Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GHOSH JAYANTA  
348 SW MIRACLE STRIP PKWY., SUITE 39  
FT. WALTON BEACH FL 32548**7. Name and Address of New Registered Agent**Name  
GHOSH JAYANTA  
Street Address (P.O. Box Number is Not Acceptable)  
220 EGLIN PKWY. SE  
SUITE 5  
City  
FT. WALTON BEACH FL Zip Code  
32548

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 **JAYANTA GHOSH****03/08/2001**

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, 2001 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	GHOSH JAYANTA	
STREET ADDRESS	348 SW MIRACLE STRIP PKWY., SUITE 39	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
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		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GHOSH JAYANTA		
STREET ADDRESS	220 EGLIN PKWY. SE SUITE 5		
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Jayanta Ghosh**

Pres

03/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)