

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009319

1. Entity Name

JMC MANAGEMENT SERVICES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90032 036 ***150.00

Principal Place of Business Mailing Address
~~45 W. SMITH STREET~~ 310 S. Dillard St Ste 410 ~~45 W. SMITH STREET~~ 310 S. Dillard St Ste 410
WINTER GARDEN FL 34787 WINTER GARDEN FL 34787-3515

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0821139 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CITO, JOSEPH M
~~45 W. SMITH STREET~~ 310 S. Dillard St Ste 410
WINTER GARDEN FL 34787

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CITO, JOSEPH M			NAME			
STREET ADDRESS	45 W. SMITH STREET 310 S. Dillard St, Ste 410			STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL 34787			CITY-ST-ZIP			
TITLE	VP TREAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CITO, DEBRA L			NAME			
STREET ADDRESS	45 W. SMITH STREET 310 S. Dillard St, Ste 410			STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL 34787			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAGG, RON			NAME			
STREET ADDRESS	310 S. Dillard St, Ste 410			STREET ADDRESS			
CITY-ST-ZIP	Winter Garden, FL 34787			CITY-ST-ZIP			
TITLE	SEC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAGG, LORETTA			NAME			
STREET ADDRESS	310 S. Dillard St, Ste 410			STREET ADDRESS			
CITY-ST-ZIP	Winter Garden, FL 34787			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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

Date

Daytime Phone #

CR2E034 (9/99)