

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90208 038 \*\*\*150.00

**DOCUMENT # P98000036221**

1. Entity Name  
**J & M FAITH ENTERPRISES INCORPORATED**



Principal Place of Business  
**PMB 308 13170 ATLANTIC BLVD  
SUITE 58  
JACKSONVILLE FL 32225  
US**

Mailing Address  
**PMB 308 13170 ATLANTIC BLVD  
SUITE 58  
JACKSONVILLE FL 32225  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3505845**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**O'REILLY, JAMES R**  
~~13747 HOPE SOUND COURT~~ **PMB 308, 13170 ATLANTIC BLVD SUITE 58**  
**JACKSONVILLE FL 32225**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **D O'REILLY, JAMES R**  
STREET ADDRESS **13747 HOPE SOUND COURT**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **PMB 308, 13170 ATLANTIC BLVD. SUITE 58**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE  Delete  
NAME **D O'REILLY, MARTHA A**  
STREET ADDRESS **13747 HOPE SOUND COURT**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **PMB 308, 13170 ATLANTIC BLVD, SUITE 58**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: SIGNATURE OF JAMES R O'REILLY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 704 610 4910  
Date Daytime Phone #

CR2E034 (10/02)