

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90002 037 ***150.00

DOCUMENT # P98000074577

1. Entity Name

JM VENTURES UNLIMITED, INC.

Principal Place of Business

**C/O SOMETHING SPECIAL CHILD CARE
 205 1ST AVE
 GROVELAND FL 34736**

Mailing Address

**C/O SOMETHING SPECIAL CHILD CARE
 205 1ST AVE
 GROVELAND FL 34736**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3523705

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

**BEEBE, ELIZABETH A
 1157 MAGNOLIA STREET
 CLERMONT FL 34711**

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	PRICE, MART	
STREET ADDRESS	27551 JACKSON CT.	
CITY-ST-ZIP	OKAHUMPKA FL 34762	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MURPHY, ANTHONY	
STREET ADDRESS	332 FIRST AVE.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	EUGENE, RENOIR J	
STREET ADDRESS	216A RIDGECREST LOOP	
CITY-ST-ZIP	CLERMONT FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JANICE	
STREET ADDRESS	348 FIRST AVE.	
CITY-ST-ZIP	GROVELAND FL 34736	
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"/> 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	
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 *352-429-4595*
 Date Daytime Phone #

CR2E034 (9/01)