

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #98000093655...

1. Entity Name

J. McMahon, Inc. P

Principal Place of Business

Mailing Address

180 Business Parkway
Royal Palm Beach, FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEL Number

65-0874410

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

Jayne McMahon
180 Business Parkway
Royal Palm Beach, FL 33411

Name Jayne Lynn McMahon

Street Address (P.O. Box Number is Not Acceptable)

180 Business Parkway

Royal Palm Beach

City

FL

Zip Code

33411

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

Jayne McMahon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/17/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	Jeffery S. McMahon	<input checked="" type="checkbox"/> Delete
NAME	144 Paradise Crescent	
STREET ADDRESS	Royal Palm Beach, FL 33411	
CITY-ST-ZIP		
TITLE	VP Jayne McMahon	<input type="checkbox"/> Delete
NAME	144 Paradise Crescent	
STREET ADDRESS	Royal Palm Beach, FL 33411	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffery McMahon	
STREET ADDRESS	144 Paradise Crescent	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	VP President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jayne Lynn McMahon	
STREET ADDRESS	144 Paradise Crescent	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

Jayne McMahon
President

8/6/00 861 791-0852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/99)

8/23