

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104364

1. Entity Name

J.P.G. MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

940 HIGHLAND AVE.  
ORLANDO FL 32803

PO BOX 410009  
MELBOURNE FL 32941-0009

2. Principal Place of Business

4760 N US1

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201 Honeybrook Centre

City & State

City & State

Melbourne FL

Zip

Country

Zip

Country

32935

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLICK, JAMES J  
940 HIGHLAND AVE.  
ORLANDO FL 32803

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, 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 ☐ Delete  
NAME P  
STREET ADDRESS GENONI, JOHNS  
CITY-ST-ZIP 758 COLONGORY DR  
MELBOURNE FL 32940

TITLE ☒ Change ☐ Addition  
NAME GENONI, JOHN  
STREET ADDRESS 758 Glenogarry Dr.  
CITY-ST-ZIP Melbourne FL 32940  
Address

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 03 2000 321-255-7601

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90065 047 \*\*\*150.00

CR2E034 (9/99)