

# 2001 UNIFORM BUSINESS REPORT (UBR)

0486028

DOCUMENT # P98000104364

1. Entity Name  
**J.P.G. MANAGEMENT CORPORATION**

FILED

01 APR 26 AM 10:02

Principal Place of Business  
**4760 N US 1  
SUITE 201 HONEYBROOK  
MELBOURNE FL 32935**

Mailing Address  
**PO BOX 410009  
MELBOURNE FL 32941**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Suite 201 Honeybrook Centre**

City & State

Zip

Country

Zip

Country

4. FEI Number **59-8478459**

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

**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.

(NOT)

Registered Agent's signature required when reinstating)

**100004161661--5  
-05/08/01--01050--001  
\*\*\*1310.00 \*\*\*150.00**

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, 2001 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** ☐ Delete  
NAME **GENONI, JOHNS**  
STREET ADDRESS **758 GLENGAVY DR**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☒ Change ☐ Addition  
NAME **GENONI, JOHN**  
STREET ADDRESS **758 GLENGARRY DR**  
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  
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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 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 #

**4/04/01 321 255 7601**

CR2E034 (10/00)