

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90180 022 ***550.00

DOCUMENT # P99000002702

1. Entity Name
JBM REALTY ADVISORS, INC.

Principal Place of Business

1167 3RD STRET S
 2ND FLOOR
 NAPLES FL 34102

Mailing Address

1167 3RD STRET S
 2ND FLOOR
 NAPLES FL 34102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1167 3RD STREET SOUTH
 Suite, Apt. #, etc.
2ND FLOOR

3. Mailing Address

1167 3RD STREET SOUTH
 Suite, Apt. #, etc.
2ND FLOOR

City & State

NAPLES FLORIDA

City & State

NAPLES FLORIDA

4. FEI Number

59-3567534

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

34102

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAY, JAMES B
1167 3RD STREET S
2ND FLOOR
NAPLES FL 34102

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **P. CHAIRMAN & CEO** ☐ Delete
 NAME **MAY, JAMES B**
 STREET ADDRESS **1167 3RD ST S**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7-8-02 239-430-0400

Date

Daytime Phone #

CR2E034 (4/02)