

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90030 009 ***150.00

0697735 AT

DOCUMENT # P99000019684

1. Entity Name

J & M INDUSTRIES OF TAMPA BAY, INC.

Principal Place of Business

**108 - 19TH STREET
 BELLEAIR BEACH FL 33786**

Mailing Address

**108 - 19TH STREET
 BELLEAIR BEACH FL 33786**

00000144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3560473

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

**DI GIRO, JOSEPH E SR.
 108 - 19TH STREET
 BELLEAIR BEACH FL 33786**

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.

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

TITLE **P** ☐ Delete
 NAME **DIGIRO, MARGARET**
 STREET ADDRESS **108-19TH ST**
 CITY-ST-ZIP **BELLEAIR BEACH FL 33786**

TITLE **VP** ☐ Delete
 NAME **DIGIRO, JOSEPH SR**
 STREET ADDRESS **108-19TH ST**
 CITY-ST-ZIP **BELLEAIR BEACH FL 33786**

TITLE **S/T** ☐ Delete
 NAME **DIGIRO, JOSEPH JR**
 STREET ADDRESS **108-19TH ST 2208 NE COACHMAN RD**
 CITY-ST-ZIP **BELLEAIR BEACH FL 33786 CLEARWATER, FL**

TITLE **33756** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS **2208 NE COACHMAN ROAD**
 CITY-ST-ZIP **CLEARWATER, FL 33756**

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

TITLE ☐ Change ☐ Addition
 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:

Margaret M. DiGiro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02

727-596-8289

Date

Daytime Phone #

CR2E034 (9/01)