

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042740

1. Entity Name

JML CUSTOM BUILDERS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90100 032 ***158.75

Principal Place of Business

Mailing Address

1514 WAKEFIELD DRIVE
 BRANDON FL 33511 *ok*

1514 WAKEFIELD DRIVE
 BRANDON FL 33511-2326

2. Principal Place of Business

1514 WAKEFIELD DR.

3. Mailing Address

P.O. Box 2192

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON

City & State

BRANDON

4. FEI Number

59-3562549

Applied For

Not Applicable

Zip

33511

Country

Hills.

Zip

33509

Country

Hills.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEON, JOHN M
 1514 WAKEFIELD DRIVE
 BRANDON FL 33511

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

John M. Leon *John M. Leon Owner/President*

4/15/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEON, JOHN M	
STREET ADDRESS	1514 WAKEFIELD DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Same As # 11	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW L. LEON	
STREET ADDRESS	1514 WAKEFIELD DR.	
CITY-ST-ZIP	BRANDON, FL. 33511	
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		

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:

John M. Leon *JOHN M. LEON OWN/PRES.*

Date

Daytime Phone #

4/15/00 813 781 5055