

2000 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-04-2000 90163 009 ***150.00

DOCUMENT # P99000075930

1. Entity Name

JFM FINANCIAL, INC.

Principal Place of Business

2450 SE ROBIN CIRCLE
 STE 1
 PORT ST LUCIE FL 34952

Mailing Address

2450 SE ROBIN CIRCLE
 STE 1
 PORT ST LUCIE FL 34952-7050

2. Principal Place of Business

1060 SE Port St Lucie Blvd
 Suite, Apt. #, etc.
 B

3. Mailing Address

1060 SE Port St Lucie Blvd
 Suite, Apt. #, etc.
 B



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, FL 34952

City & State

Port St. Lucie, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
 34952

Country
 USA

Zip
 34952

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MESIDOR, JEFFERSON F I
 2450 SE ROBIN CIRCLE
 STE 1
 PORT ST LUCIE FL 34952

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 JEFFERSON F. Mesidor, I

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

(NOTE: Registered agent signature required when reinstating)

DATE

Jefferson F. Mesidor, I 4/28/00

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition
 President / C.E.O
 Jefferson F. Mesidor, I
 2450 SE Robin Cir
 Port St. Lucie, FL 34952
 NO Change

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

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

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

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

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

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: Jefferson F. Mesidor, I

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

335-2300
 561-335-8

Daytime Phone #

UNIFORM BUSINESS REPORT