

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90165 034 ***158.75

DOCUMENT # P99000079278

1. Entity Name
JMK OF OKEECHOBEE, INC.



Principal Place of Business
**945 SE 23RD ST.
OKEECHOBEE FL 34972**

Mailing Address
**945 SE 23RD ST.
OKEECHOBEE FL 34972**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3599256**

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

7. Name and Address of New Registered Agent

**KIDWELL, JOY A
1820 S.E. 6TH LANE
OKEECHOBEE FL 34974**

Name **JOY A. KIDWELL**

Street Address (P.O. Box Number is Not Acceptable)
945 SE 23RD ST

OKEECHOBEE

FL

City

FL

Zip Code
34974

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 **Joy A. Kidwell**

(NOTE: Registered Agent signature required when reinstating)

2/13/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make, Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KIDWELL, JOY A**
STREET ADDRESS **1820 S.E. 6TH LANE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **PD** ☒ Change ☐ Addition
NAME **JOY A. KIDWELL**
STREET ADDRESS **945 SE 23RD ST.**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE **VSD** ☐ Delete
NAME **GOODREAD, MARK**
STREET ADDRESS **1820 S.E. 6TH LANE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **VSD** ☒ Change ☐ Addition
NAME **JACK KIDWELL**
STREET ADDRESS **945 SE 23RD ST**
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joy A. Kidwell**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/13/03 863-763-4886

Date

Daytime Phone #

CR2E034 (10/02)