

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90182 013 ***158.75

DOCUMENT # S15596

1. Entity Name

J K M ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**237 HUNT CLUB BLVD
 STE 202A
 LONGWOOD FL 32779
 US**

**237 HUNT CLUB BLVD
 STE 202A
 LONGWOOD FL 32779
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

308 BANBURY PARK LN

308 BANBURY PARK LN

City & State

City & State

FRANKLIN TENN

FRANKLIN, TENN

Zip

Country

Zip

Country

37069

37069

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILES, JOHN K.
 213 N. CASTLEFORD CT
 LONGWOOD FL 32779**

Name **JOHN MILES**

Street Address (P.O. Box Number is Not Acceptable) **237 HUNT CLUB BLVD #202A**

City **LONGWOOD**

FL

Zip Code **32779**

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 K. Miles**

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

(NOTE: Registered Agent signature required when reinstating)

4/16/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILES, JOHN K	
STREET ADDRESS	213 NO. CASTLEFORD CT.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	MILES, JOHN K	<input type="checkbox"/> Delete
NAME	MILES, JOHN K	
STREET ADDRESS	308 BANBURY PARK LN	
CITY-ST-ZIP	FRANKLIN, TENN 37069	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 K. Miles
 JOHN K. MILES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 615-344-1529
 Date Daytime Phone #

CR2E034 (10/00)

C0066138



DO NOT WRITE IN THIS SPACE