FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2002 8:00 am Secretary of State

DOCUMENT # 530/20 1. Entity Name J.C.M. OF SOUTHWEST FLORIDA, INC. DO NOT WRITE IN THIS SPACE					03-19-2002 90035 011 ***150.00			
					425676			
Principal Place of Business 3. Mailing Address								
12995 S. CLEVELAND AVE.#113 POB 7						DO NOT MOTE IN THIS	,	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE	
City & State City & State						4. FEI Number Applied For		
FORT MYERS, FL 33907 FORT MYERS, FL			33902-0007			65-0241874	Not Applicable	
Zip Country		Zip	Cour	-	5. Certificate of Status Desired \$8.75 Additional Fee Required			
بعر بين پاهيدر يست يو					7Na	ame and Address of Current Registered	d Agent	
DO NOT WRITE IN THIS SPACE				Street Address 2459	TARCARL MCDONALD, JR. eet Address (P.O. Box Number is Not Acceptable) 2459 ROUND TABLE CT.			
				City FORT		MYERS FL Zip Code 33912		
8. The above	named entity submits this statement fo	or the purpose of changing its	register	ed office or regist	ered ag	ent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registere	id Agent signature requi	red when re	einstating) DATE	·	
Tax filing requirement and elects to do so. After May 1 Amended			1, Fee d UBR	1 Fee is \$150.00 Fee is \$550.00 JBR is \$61.25 to Department of Stat		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND	DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST J. CARL MCDONALD JR. 2459 ROUND TABLE CT. FORT MYERS, FL 33912			E EET ADDRESS -ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY	EET ADDRESS -ST-ZIP				
13. I hereby of indicated	certify that the information supplied with ton this report or supplemental report is	n this filing does not qualify for s true and accurate and that n	r the exe	mption stated in ture shall have th	Section e same	119.07(3)(i), Florida Statutes. I further cer legal effect as if made under oath; that I a	tity that the information am an officer or director	

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 reference or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

signature and typed or printed name of signing officer or director CARL $\operatorname{MCDONALD}$ JR .

Date

Daytime Phone #