

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90143 007 ***150.00

DOCUMENT # 563214

1. Entity Name
J-m-J Associates Inc



DO NOT WRITE IN THIS SPACE

80070244

2. Principal Place of Business
1161 Sun Century Rd

3. Mailing Address
1161 Sun Century Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

#2

City & State
Naples FL

City & State
Naples FL

4. FEI Number
65-0271235

Applied For
Not Applicable

Zip Country
34110 USA

Zip Country
34110 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David B. Cox

Street Address (P.O. Box Number is Not Acceptable)
1989 Imperial Golf Course Blvd

City Naples FL Zip Code 34110

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

(NOTE: Registered Agent signature required when reinstating)

3/31/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE STD
NAME Johnson, Jeffrey J.
STREET ADDRESS 28730 Diamond Dr.
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME Cox, Dawn R.
STREET ADDRESS 1989 Imperial Golf Crs. Blvd.
CITY-ST-ZIP Naples FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME Cox, David B.
STREET ADDRESS 1989 Imperial Golf Crs. Blvd
CITY-ST-ZIP Naples, FL 34110

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 239-586-3232
Date Daytime Phone #

CR2E034B (12/02)