

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00074

1. Entity Name

J.P.S.M. ENTERPRISES, L.C.

Principal Place of Business

420 ST. ARMAND'S CIRCLE
SARASOTA FL 34236

Mailing Address

420 ST. ARMAND'S CIRCLE
SARASOTA FL 34236-1409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0099088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACDONALD, JAMES W
420 ARMAND'S CIRCLE
SARASOTA FL 34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE M ☐ Delete
NAME MACDONALD, JAMES W
STREET ADDRESS 420 ST. ARMAND'S CIRCLE
CITY-ST-ZIP SARASOTA FL 34236

TITLE M ☐ Delete
NAME MACDONALD, PAMELA J
STREET ADDRESS 420 ST. ARMAND'S CIRCLE
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003224106--3
CITY-ST-ZIP -04/26/00--01009--013
*****50.00 *****50.00

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

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

James W. MacDonald JAMES W MACDONALD

941-3883964

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE