

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90028 027 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 838703			
1. Entity Name JOHN S. JAMES CO.			
Principal Place of Business 144 DRAYTON STREET P.O. BOX 2166 SAVANNAH GA 31498		Mailing Address 144 DRAYTON STREET P.O. BOX 2166 SAVANNAH GA 31498	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6002 COMMERCE BLVD Suite, Apt. #, etc. SUITE 115	
City & State		City & State GARDEN CITY, GA	
Zip	Country	Zip	Country
		31408-9753	CHATHAM
6. Name and Address of Current Registered Agent HUDSON, KAREN M. 1739 E 11TH STREET JACKSONVILLE FL 32206		4. FEI Number 58-1276963 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VPS JAMES, THOMAS C. 812 DANCY AVE SAVANNAH GA			
PT JAMES, JOHN WM. 257 CATHERINE VIEW RICHMOND HILL GA 31324			
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: <u>John Wm James</u> JOHN WM JAMES--PRESIDENT 02/23/01 (912)2320211 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (10/00)