2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **H71332**

1. Entity Name
JAMAICA BAY, INC.

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90035 032 ***150.00

Principal Place of Business	Mailing Address
31005 JAMAICA BAY DRIVE	31005 JAMAICA BAY DRIVE
BOYNTON BCH. FL 33436	BOYNTON BCH. FL 33436

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip / Country	Zip / Country	**4.** FEI Number **59-2578859**	Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVINE, JAY STEVEN 2500 NORTH MILITARY TRAIL SUITE 275 BOCA RATON FL 33431	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

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, 2002 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** NAME **OLHAVA, DONALD J** STREET ADDRESS **37039 EXUMA BAY** CITY-ST-ZIP **BOYNTON BEACH FL 33436**	☐ Delete	TITLE **D** NAME **Johnston, Jerry W** STREET ADDRESS **49007 Inauga Bay** CITY-ST-ZIP ~~Boynton Beach, FL 33436~~	☐ Change ☒ Addition
TITLE **SD** NAME **FRAZIER, ELIZABETH C** STREET ADDRESS **48001 JARUCO BAY** CITY-ST-ZIP **BOYNTON BEACH FL 33436**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **O'BRIEN, CHARLES F** STREET ADDRESS **49012 INAUGA BAY** CITY-ST-ZIP **BOYNTON BEACH FL 33436**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **TD** NAME **QUAID, JOSEPH C** STREET ADDRESS **16010 FONTEIN BAY** CITY-ST-ZIP **BOYNTON BEACH FL 33436**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VPD** NAME **SEEVER, JOHN C** STREET ADDRESS **52021 FLORINADA BAY** CITY-ST-ZIP **BOYNTON BEACH FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **PD** NAME **HAYES, MARK** STREET ADDRESS **8001 ESPERANZA BAY** CITY-ST-ZIP **BOYNTON BEACH FL 33436**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Mark J. Hayes, Pres   Feb. 20, 2002 (561) 732-1303

SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #