

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90109 006 ***150.00

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1. Entity Name

J-CAM INSURANCE CORP.



Principal Place of Business
3555 NORTHLAKE BLVD.
WEST PALM BEACH FL 33418

Mailing Address
3555 NORTHLAKE BLVD.
WEST PALM BEACH FL 33418

2. Principal Place of Business

7556 LAKE WORTH RD # 102

3. Mailing Address

7556 LAKE WORTH RD # 102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33467

Country

US

Zip

33467

Country

US

4. FEI Number

65-1140907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CURCIO, JASON C
3555 NORTHLAKE BLVD.
WEST PALM BEACH FL 33418

7. Name and Address of New Registered Agent

Name ALLEN MERGAMAN

Street Address (P.O. Box Number is Not Acceptable)

2082 TARPON LAKE WAY

City WEST PALM BEACH

FL

Zip Code 33411

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 D
NAME CURCIO, JASON C
STREET ADDRESS 3555 NORTHLAKE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33418 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DIRECTOR, PRESIDENT
NAME ALLEN MERGAMAN
STREET ADDRESS 2082 TARPON LAKE WAY
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Change ☒ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

J-CAM INSURANCE CORP.

7556 Lake Worth Road #102

Lake Worth, FL 33467

Attachment

August 12, 2003

Florida Department of State
Uniform Business Report filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Annual Report

Gentlemen:

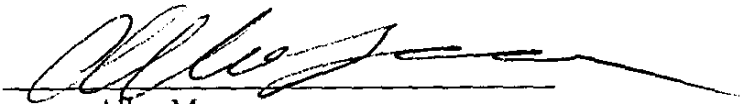
Your booklet for late filing was received with some confusion.

The company office moved and we do not remember receiving the earlier mailing. It is possible that the forms were never received and therefore not filed.

I am enclosing the completed form and company check in the amount of \$150.00 in payment of the original fee.

If you need any additional information, please contact me.

Very Truly Yours,


Allen Mergaman