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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DOCUMENT # P01000020343

1. Entity Name
J-CAM INSURANCE CORP.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7556 LAKE WORTH RD #102	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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CURCIO, JASON C 3555 NORTHLAKE BLVD. WEST PALM BEACH FL 33418	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURCIO, JASON C 3555 NORTHLAKE BLVD. WEST PALM BEACH FL 33418 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, PRESIDENT ALLEN MERGAMAN 2082 TARPON LAKE WAY WEST PALM BEACH FL 33411 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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 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 #

J-CAM INSURANCE CORP.
7556 Lake Worth Road #102
Lake Worth, FL 33467

Attachment

S01144295
#P01000020343

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