

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90071 050 \*\*\*150.00

0526205

**DOCUMENT # P99000022356**

1. Entity Name

**JORMAC HOLDINGS CORP.**

Principal Place of Business

13100 56TH COURT, SUITE 702  
 CLEARWATER FL 33760-4021

Mailing Address

13100 56TH COURT, SUITE 702  
 CLEARWATER FL 33760-4021

2. Principal Place of Business

**13130 56th COURT**  
 Suite, Apt. #, etc.  
**SUITE 604**

3. Mailing Address

**13130 56th COURT**  
 Suite, Apt. #, etc.  
**SUITE 604**

City & State  
**CLEARWATER FL**

City & State  
**CLEARWATER FL**

4. FEI Number **59-3562704**

Applied For  
 Not Applicable

Zip Country  
**33760 - 4018**

Zip Country  
**33760 - 4018**

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

6. Name and Address of Current Registered Agent

**CARLTON FIELDS WARD EMMANUEL SMITH ET AL.**  
**ATTN: PAUL C. DAVIS, ESQ., 1 HARBOUR PL**  
**777 S HARBOUR ISLAND BLVD. SUITE 500**  
**TAMPA FL 33602**

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

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOURDENNAIS, STEVEN M</b>	NAME	<b>13130 56th COURT, SUITE 604</b>
STREET ADDRESS	<b>13100 56TH COURT, SUITE 702</b>	STREET ADDRESS	<b>CLEARWATER FL 33760-4018</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33760-4021</b>	CITY-ST-ZIP	<b>CLEARWATER FL 33760-4018</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCALLISTER, MICHAEL R</b>	NAME	<b>13130 56th COURT, SUITE 604</b>
STREET ADDRESS	<b>13100 56TH COURT, SUITE 702</b>	STREET ADDRESS	<b>CLEARWATER FL 33760-4018</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33760-4021</b>	CITY-ST-ZIP	<b>CLEARWATER FL 33760-4018</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Michael R. McAllister* **MICHAEL R. McALLISTER** 11 APRIL 2001 **(727) 592-0303**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)