

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 212005

1. Entity Name

Jimar, Inc.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90052 041 \*\*\*150.00

Principal Place of Business  
5010 Bayshore Blvd., #4  
Tampa, FL 33611

Mailing Address  
5010 Bayshore Blvd., #4  
Tampa, FL 33611

2. Principal Place of Business  
c/o Margaret O'Malley

3. Mailing Address  
c/o Margaret O'Malley

Suite, Apt. #, etc.  
5010 Bayshore Blvd., #4

Suite, Apt. #, etc.  
5010 Bayshore Blvd., #4

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number  
59-6077207

Applied For  
Not Applicable

Zip  
33611

Country  
USA

Zip  
33611

Country  
USA

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

**6. Name and Address of Current Registered Agent**

Intrastate Registered Agent Corp.  
701 Brickell Ave., Suite 3000  
Miami, FL 33131-3209

**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, 2000 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDC	Hollingsworth, James R.	7528 Easton Rd	Ottsville, PA 18942	<input type="checkbox"/>
VTSD	O'Malley, Margaret	5010 Bayshore Blvd., #4	Tampa, FL 33611	<input type="checkbox"/>
D	Hollingsworth, Ivy M.	2405 Ardson Place, #903	Tampa, FL 33629	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Margaret O'Malley, V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (813) 227-6647  
Date Daytime Phone #

CR2E034 (9/99)