

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 260064

1. Entity Name

JAMANCO, INCORPORATED.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90147 027 \*\*\*150.00

Principal Place of Business

Mailing Address

~~PO BOX 1805~~  
~~TAMPA FL 33601~~

~~PO BOX 1805~~  
~~TAMPA FL 33601-1805~~

5018 The Riviera  
 TAMPA, FL 33609

5018 The Riviera  
 TAMPA, FL 33

DUU17014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2111 N. 15th St.

3. Mailing Address

2111 N. 15th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Fl.

City & State

Tampa, Fl.

4. FEI Number

59-0972183

Applied For

Not Applicable

Zip

33609

Country

US

Zip

33609

Country

US

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

SMITH, VANCE  
 P O BOX 2939  
 TAMPA FL 33601

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          | VD                                       | <input type="checkbox"/> Delete            |
| NAME           | SMITH, SYLVIA V.                         |  |
| STREET ADDRESS | 5018 THE RIVIERA                         |  |
| CITY-ST-ZIP    | TAMPA FL                                 |  |
| TITLE          | VD                                       | <input checked="" type="checkbox"/> Delete |
| NAME           | O'BRIEN, PADRIC                          |  |
| STREET ADDRESS | <del>9403 LINDA AVE</del> 3212 BAY VISTA |  |
| CITY-ST-ZIP    | TAMPA FL 33611                           |  |
| TITLE          | SD                                       | <input checked="" type="checkbox"/> Delete |
| NAME           | SHECKLER, ALLYSON E.                     |  |
| STREET ADDRESS | %SMITH 5018 THE RIVIERA                  |  |
| CITY-ST-ZIP    | TAMPA FL                                 |  |
| TITLE          |  | <input type="checkbox"/> Delete            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Delete            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Delete            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 3, 2000

Date

Daytime Phone #

813  
 286-8896