2000 UNIFORM BUSINESS REPORT (UBR)

6/36/

FILED
Aug 01, 2000 8:00 am
Secretary of State
06-03-2000 90144 030 ***150.00

DOCUMENT # 349240

1. Entity Name
James Properties, Inc.

Principal Place of Business	Mailing Address
~~Old Winter Haven Road~~ ~~P.O. Box 626~~ ~~Bartow, FL 33830~~	Old ~~Winter~~ Haven Road P.O. Box ~~626~~ Bartow, FL ~~33830~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2101 Dynamite Rd	P.O. Box 626
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BARTOW, FL	City & State: BARTOW, FL
Zip: 33830 Country: ~~USA~~ U.S.A	Zip: 33831 Country: U.S.A.

4. FEI Number: 59-1295732 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
James Jr., J.P.
~~Old Winter Haven Road~~
P.O. Box 626
Bartow, FL 33830

7. Name and Address of New Registered Agent
Name: JACK P. JAMES JR.
Street Address (P.O. Box Number is Not Acceptable): 2101 DYNAMITE ROAD
City: BARTOW FL Zip Code: 33830

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: J.P. James Jr. (Signature, typed or printed name of registered agent and title if applicable) J.P. James Jr (NOTE: Registered Agent signature required when reinstating) DATE: 7-19-00

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James Jr, Jack P. 1010 Trask Lane Bartow, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James, Bet T. 1010 Trask Lane Bartow, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: JACK P. JAMES, JR — Jack P. James Jr (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 5/1/00 Daytime Phone #: 863 533 5655

6/36/3/00-90144-030-$150.00-$150.00

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106972

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SIGNATURE: JACK P. JAMES, JR Jack P. James Jr. — 5/1/00 — 863 533 5655

Signature and typed or printed name of signing officer or director — Date — Daytime Phone #