

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 608363

1. Entity Name

JAMSON ENVIRONMENTAL, INC.

FILED

Mar 15, 2001 8:00 am  
Secretary of State

03-15-2001 90012 037 \*\*\*158.75

Principal Place of Business

105 SOUTH BAYVIEW BLVD  
OLDSMAR FL 34677

Mailing Address

105 SOUTH BAYVIEW BLVD  
OLDSMAR FL 34677

2. Principal Place of Business

11817 Elyssa Road

3. Mailing Address

11817 Elyssa Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Thonotosassa, FL

City & State

Thonotosassa, FL

4. FEI Number

59-2628365

Applied For

Not Applicable

Zip

33592

Country

Hillsborough

Zip

33592

Country

Hillsborough

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

EASTERN, PATRICIA  
4210 W GRANADA STREET  
TAMPA FL 33629

Name

Eastman, Patricia

Street Address (P.O. Box Number is Not Acceptable)

4210 W Granada Street

City

Tampa

FL

Zip Code

33629

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD EASTERN, PATRICIA 101 BAYVIEW BLVD OLDSMAR FL 34677	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EASTMAN, PATRICIA A. 4210 W GRANADA STREET TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Eastman, Patricia 11817 Elyssa Road Thonotosassa, FL 33592	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

31-15-01

(813) 891-0440

Date

Daytime Phone #

CR2E034 (10/00)