

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000192

1. Entity Name

JAMAC ENTERPRISES, LTD.

FILED

01 SEP 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~1914 NORTH ARMENIA AVE.~~
~~TAMPA FL 33603~~

Mailing Address

P.O. BOX 1186
TAMPA FL 33601

2. Principal Place of Business

6449 38th Ave. N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St. E-3

City & State

St. Petersburg FL

City & State

Zip

33710

Country

USA

Zip

Country

4. FEI Number

59-3620487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DUE BY SEPTEMBER 26, 2001

6. Name and Address of Current Registered Agent

MCCOSKRIE, JOHN H

~~1914 NORTH ARMENIA AVE.~~

~~TAMPA FL 33603~~

7. Name and Address of New Registered Agent

Name

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

6449 38th Ave. N.

St. E-3

City

St. Petersburg

FL

Zip Code

33710

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. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000009078
NAME JAMAC OF TAMPA, INC.
STREET ADDRESS 1914 NORTH ARMENIA AVE.
CITY-ST-ZIP TAMPA FL 33603

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 6449 38th Ave. N. Ste E-3
CITY-ST-ZIP St. Petersburg FL 33710

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/10/01 (727) 347-5647

STAPLE CHECK HERE

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AT

CR2E003 (5/01)