

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/12/02

FILED

02 APR 11 PM

SECRETARY OF S  
TALLAHASSEE, FL

DOCUMENT # A00000000192

1. Entity Name

JAMAC ENTERPRISES, LTD.

Principal Place of Business

6449 38TH AVE. NORTH STE. E-3  
ST. PETERSBURG FL 33710

Mailing Address

P.O. BOX 1186  
TAMPA FL 33601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number 59-3620487

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MCCOSKRIE, JOHN H  
6449 38TH AVE. NORTH STE. E-3  
ST. PETERSBURG FL 33710

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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000009078  
NAME JAMAC OF TAMPA, INC.  
STREET ADDRESS 6449 38TH AVE. NORTH STE. E-3  
CITY-ST-ZIP ST. PETERSBURG FL 33710

STREET ADDRESS

CITY-ST-ZIP

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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:

*John H. McCoskrie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/02 (727) 347-5647  
Date Daytime Phone #

CF2E003 (9/01)