

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90447 035 ***150.00

DOCUMENT # **F93054**

1. Entity Name

JIMNA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4415 MOCKINGBIRD DR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 4468

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOYNTON BEACH

City & State
BOYNTON BCH.

4. FEI Number

592218360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **BARR, JAMES**

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

4415 MOCKINGBIRD DR.

City **BOYNTON BEACH**

FL

Zip Code
33436

**DO NOT WRITE
IN THIS SPACE**

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. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT BARR, JAMES
4415 MOCKINGBIRD DR.
BOYNTON BEACH, FL 33436**

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES BARR

4/28/02

561-710-9109

Date

Daytime Phone #

CR2E034B (12/01)