

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90042 005 \*\*\*150.00

**DOCUMENT # F99000002594**

1. Entity Name

**JAMESCO, INC.**

Principal Place of Business

**710 N. WOODWARD AVE., STE 180  
 BLOOMFIELD HILLS MI 48304**

Mailing Address

**710 N. WOODWARD AVE., STE 180  
 BLOOMFIELD HILLS MI 48304**

2. Principal Place of Business

**38710 WOODWARD AVENUE**

3. Mailing Address

**38710 WOODWARD AVENUE**

Suite, Apt. #, etc.

**SUITE 180**

Suite, Apt. #, etc.

**SUITE 180**

City & State

**BLOOMFIELD HILLS, MI**

City & State

**BLOOMFIELD HILLS, MI**

Zip

**48304**

Country

**USA**

Zip

**48304**

Country

**USA**

4. FEI Number

**38-2745349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

(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

TITLE **PCD** ☐ Delete  
 NAME **JAMES, WILLIAM R**  
 STREET ADDRESS **710 N. WOODWARD AVE., STE 180**  
 CITY-ST-ZIP **BLOOMFIELD HILLS MI**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **38710 WOODWARD AVENUE, SUITE 180**  
 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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.

By:

**William R. James, President**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/01**

Date

**(248) 647-1080**

Daytime Phone #

CR2E034 (10/00)

# F 99000002594  
811396

We are not moving, however we have been assigned a new street address. Effective May 9, 2000 our new street address is **38710 Woodward Avenue, Suite 180, Bloomfield Hills, MI 48304.**

Please omit the "North" designation from our address.

There will be a four-month adjustment period and on September 5, 2000 our old address will no longer be in effect. If this was sent to you in error, please forward it to the correct person/department. If you have any questions, please feel free to contact us at (248) 647-1080.

Thank You.