

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90124 006 ***150.00

DOCUMENT # F99293

1. Entity Name

JAMES B. JAFFA COMPANY

Principal Place of Business

**8282 WESTERN WAY CIRCLE
 STE 1209
 JACKSONVILLE FL 32256
 US**

Mailing Address

**8282 WESTERN WAY CIRCLE
 STE 1209
 JACKSONVILLE FL 32256
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2220409**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAIMAN, LEONARDO J ESQ

~~BEANT, MOORE, MACDONALD, & WELLS, PA~~

~~STE 3100, BARNETT CENTER~~

~~JACKSONVILLE FL 32202~~

Name

Maiman, Leonardo J., Esq.

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

50 N. Laura St.

Suite 2500

City

Jacksonville

FL

Zip Code

32202

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)

03-06-02

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, 2002 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 **PST** ☐ Delete
 NAME **JAFFA, JAMES B**
 STREET ADDRESS **8282 WESTERN WAY CIRCLE STE 1209**
 CITY-ST-ZIP **JAX FL 32256**

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

TITLE **D** ☐ Delete
 NAME **JAFFA, JAMES B**
 STREET ADDRESS **8282 WESTERN WAY CIRCLE STE 1209**
 CITY-ST-ZIP **JAX FL 32256**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP ☐ Change ☐ 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 reports 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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13 March 02 (904) 733-4490

CR2E034 (9/01)