

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G48025**

1. Entity Name
JOMAR SPECIALTIES, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90061 028 ***150.00

Principal Place of Business
C/O JOSEPH P. FLAD, JR.
3129 TYRONE BLVD.
ST. PETERSBURG FL 33710

Mailing Address
C/O JOSEPH P. FLAD, JR.
3129 TYRONE BLVD.
ST. PETERSBURG FL 33710

2. Principal Place of Business
John D. Richards
Suite, Apt. #, etc.
3129 Tyrone Blvd.

3. Mailing Address
3129 Tyrone Blvd.
Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33710

Country
U.S.A.

Zip
33710

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2318378**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FLAD, MARY E
3129 TYRONE BLVD.
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent
Name **Laura A. Richards**
Street Address (P.O. Box Number is Not Acceptable)
3129 Tyrone Blvd.
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 **Laura A. Richards** **Laura A. Richards S.V.** **2/12/01**
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAD, MARY E		NAME	John D. Richards	
STREET ADDRESS	4820 71ST WAY NORTH		STREET ADDRESS	4470 67th Way North	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33709		CITY-ST-ZIP	St. Pete., FL 33709	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAD, MARY E		NAME	Laura A. Richards	
STREET ADDRESS	4820 71ST WAY NORTH		STREET ADDRESS	4470 67th Way North	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		CITY-ST-ZIP	St. Pete., FL 33709	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: **John D. Richards** **2/12/01** **727-381-2658**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)