

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90107 005 ***150.00

DOCUMENT # **G72201**
 1. Entity Name
JAYMOR DEVELOPMENT CORP.

Principal Place of Business Mailing Address
~~OLD ADDRESS~~ ~~OLD MAIL ADDRESS~~
~~3520 S. ATLANTIC AVE.~~ ~~1870 E. MERITT ISL. Csw~~
~~COCOA BEACH, FL 32931~~ ~~MERRITT ISLAND FL 3295~~

2. Principal Place of Business (NEW) 3. Mailing Address (NEW)
202 ROSE DRIVE **P.O. BOX 321443**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
COCOA BEACH, FL. **COCOA BEACH, FL.** **59-2388991** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
32931 **BREVARD** **32932-1443** **BREVARD** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MOORE, SCOTT Name
 (OLD ADDRESS) Street Address (P.O. Box Number is Not Acceptable)
~~1870 E. MERITT ISLAND Csw~~ **202 ROSE DRIVE**
~~MERRITT ISLAND FL 32952~~ City **COCOA BEACH** FL Zip Code **32931**

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.
ADDRESS CHANGE'S ONLY

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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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	PD	<input type="checkbox"/> Delete	TITLE	-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, SCOTT		NAME	202 ROSE DRIVE	
STREET ADDRESS			STREET ADDRESS	COCOA BEACH, FL. 32931	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, WILLIAM		NAME	202 ROSE DRIVE	
STREET ADDRESS			STREET ADDRESS	COCOA BEACH, FL. 32931	
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 **William E Moore** **WILLIAM E. MOORE (VST)** **16 APRIL 2001** **321-784-1952**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)