

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

DOCUMENT # H33421

1. Entity Name

Seamless, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23 SARAH Ct.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Zip

32327

Country

USA

Zip

Country

4. FEI Number

59-2861757

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current 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)

**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

SEE ATTACHED -

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

LL Reeder

8-17-02

(950) 926-6050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

attachment

JM & ASSOCIATES
EXPENSE REDUCTION ANALYSTS

9-75209

H33421

August 19, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

We did not receive the first or second notices in the mail and I was unable to download the form from your web site. Consequently, I went to your office on Gaines Street and picked up the enclosed form and am submitting it with the attached check in the amount of \$150.00.

When I picked up the form last Friday, I was informed there would be no penalty applied.

Sincerely,



Gerald Kinder
Vice President

GK:mkk

Enclosure

8/16/02

NUM: H33421

LAST:--REINSTATEMENT

FEI#: 59-2861757

NAME : JERMAR, INC.

PRINCIPAL: 23 SARAH CT.

ADDRESS CRAWFORDVILLE, FL 32327

RA NAME : KINDER, MARGARET K

RA ADDR : 23 SARAH CT.

CRAWFORDVILLE, FL 32327 US

ANN REP : (1999) AN 05/05/99 (2000) AY 05/05/00 (2001) A 04/06/01

Attachment 97520 9

CORPORATE DETAIL RECORD SCREEN

2:37 PM

ST:FL ACTIVE/FL PROFIT

FLD: 12/06/1984 EFF: 11/30/1984

FLD: 07/09/1996

CHANGED: 07/09/96

ADDR CHG: 07/09/96

8/16/02 OFFICER/DIRECTOR DETAIL SCREEN 2:37 PM

CORP NUMBER: H33421 CORP NAME: JERMAR, INC.

TITLE: VP NAME: KINDER, GERALD K

23 SARAH CT.

CRAWFORDVILLE, FL 32327

TITLE: P NAME: KINDER, MARGARET K

23 SARAH CT.

CRAWFORDVILLE, FL 32327