

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

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90149 003 \*\*\*150.00

DOCUMENT # **H33421**

1. Entity Name

**Semmar, 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

**Crownsville, FL**

City & State

4. FEI Number

**51-2861757**

Applied For

Not Applicable

Zip

**32327**

Country

**USA**

Zip

Country

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

**DO NOT WRITE  
IN THIS SPACE**

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

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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:

**[Signature]**

**8-17-02**

**(950) 926-6050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

*att achment*  
**JM & ASSOCIATES**  
**EXPENSE REDUCTION ANALYSTS**

*9-75209*  
*H33421*

August 19, 2002

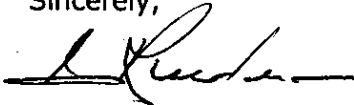
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

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 975209  
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  
CORP NUMBER: H33421  
TITLE: VP  
TITLE: P

OFFICER/DIRECTOR DETAIL SCREEN 2:37 PM  
CORP NAME: JERMAR, INC.  
NAME: KINDER, GERALD K  
23 SARAH CT.  
CRAWFORDVILLE, FL 32327  
NAME: KINDER, MARGARET K  
23 SARAH CT.  
CRAWFORDVILLE, FL 32327