

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J73742

1. Entity Name
JAMBALAYA'S, INC.

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90054 013 ***555.00

Principal Place of Business
2 INDEPENDENT DR
SUITE 130
JACKSONVILLE FL 32202
US

Mailing Address
2 INDEPENDENT DR
SUITE 130
JACKSONVILLE FL 32202
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 59-2804245

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAIG, LOUIS
9959 CIDER KEG COURT
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name Coker, James H. JR
Street Address (P.O. Box Number is Not Acceptable)
14018 Inlet Drive
City Jacksonville FL Zip Code 32225

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 James H. Coker Jr. 8/21/01
Signature typed or printed name of registered agent and file 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SAIG, LOUIS	
STREET ADDRESS	9959 CIDER KEG COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SAIG, GREGORY	
STREET ADDRESS	1911 BEACH AVENUE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COKER, JAMES A JR	
STREET ADDRESS	14018 INLET DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coker, James H. JR	
STREET ADDRESS	14018 Inlet Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: James H. Coker Jr. 8/21/01 9043534927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)