

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90166 006 \*\*\*150.00

023535

**DOCUMENT # K40425**

1. Entity Name

**JAMISON COMPANY INC.-KILLIAN PROPERTIES**

Principal Place of Business

Mailing Address

10846 SW 104 ST  
 MIAMI FL ~~33186~~  
 US

13980 S.W. 139TH CT.  
 MIAMI FL 33186

00030430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0092948**

Applied For  
 Not Applicable

Zip  
**33176**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRATTON M. JAMISON**  
**13980 SW 139TH CT.**  
**MIAMI FL 33186**

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)

**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 PD  
 NAME JAMISON, STRATTON M.  
 STREET ADDRESS 14321 SW 97TH AVE  
 CITY-ST-ZIP MIAMI FL  Delete

TITLE P  
 NAME 108 Palo De Oro Dr  
 STREET ADDRESS Islamorada, FL 33036  
 CITY-ST-ZIP  Change  Addition

TITLE SD  
 NAME JAMISON, SUSAN  
 STREET ADDRESS 14321 SW 97TH AVE  
 CITY-ST-ZIP MIAMI FL  Delete

TITLE S  
 NAME 108 Palo De Oro Dr.  
 STREET ADDRESS Islamorada, FL 33036  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
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 CITY-ST-ZIP  Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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: Susan Jamison  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01 305-378-6506  
 Date Daytime Phone #

CR2E034 (10/00)