FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 19, 2001 8:00 am **DOCUMENT # K80062** Secretary of State 1. Entity Name C. M. JAMES, INC. 02-19-2001 90040 010 \*\*\*150.00 Principal Place of Business Mailing Address 5980 HWY 17 SOUTH 5980 HWY 17 SOUTH **LUU44JJ4** P.O. BOX 152 P.O. BOX 152 HOMELAND FL 33847 HOMELAND FL 33847 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2952837 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCLAULIN, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 5980 HWY 17 SOUTH BARTOW FL 33830 Zip Code City FL 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change NAME NAME MCLAULIN, JOSEPH C STREET ADDRESS STREET ADDRESS 5980 HWY 17 SOUTH CITY-ST-7IP CITY-ST-ZIP BARTOW FL. ☐ Delete Change ☐ Addition TITLE DST TITLE NAME NAME MCLAULIN, THOMAS J STREET ADDRESS STREET ADDRESS 5980 HWY 17 SOUTH CITY-ST-ZIP CITY-ST-ZIP BARTOW FL ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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** 

SIGNATURE AND TYPE OF PROPERTY OF SIGNING OFFICER OR DIRECTOR

2/13/01

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