

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90012 023 ****55.00

DOCUMENT # L01000002411

1. Entity Name

JAM MANAGEMENT OF AMERICA, LLC

Principal Place of Business

**5982 CENTRAL AVE.
ST. PETERSBURG FL 33707**

Mailing Address

**5982 CENTRAL AVE.
ST. PETERSBURG FL 33707**

2. Principal Place of Business

6090 CENTRAL AVE.

Suite, Apt. #, etc.

3. Mailing Address

6090 CENTRAL AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number
59-3587218

Applied For

Not Applicable

Zip
33707

Country
USA

Zip
33707

Country
USA

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDWARDS, WILLIAM
5982 CENTRAL AVE.
ST. PETERSBURG FL 33707**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

727-343-1840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)