2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L15581**

1. Entity Name
JAYMARK PROPERTIES, INC.

Principal Place of Business	Mailing Address
% RICHARD E. MILLER	% RICHARD E. MILLER
5728 MAJOR BLVD., SUITE 200	5728 MAJOR BLVD., SUITE 200
ORLANDO FL 32819	ORLANDO FL 32819

2. Principal Place of Business   **3.** Mailing Address

Suite, Apt. #, etc.   Suite, Apt. #, etc.

City & State   City & State

Zip   Country   Zip   Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2966179**

Applied For
☑ Not Applicable

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
	Name
MILLER, RICHARD E.	Street Address (P.O. Box Number is Not Acceptable)
9119 WINDJAMMER LN	
ORLANDO FL 32819	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. I am familiar with, and accept the obligations of registered agent.

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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS   **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☑ Delete	TITLE		☑ Change ☐ Addition
NAME	MILLER, RICHARD E		NAME	RICHARD E. MILLER	
STREET ADDRESS	9119 WINDJAMMER LN		STREET ADDRESS	3822 BEACON RIDGE WAY	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	CLERMONT, FL. 34711	

TITLE		☐ Delete	TITLE		☐ 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		

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CITY-ST-ZIP			CITY-ST-ZIP		

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CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Richard E. Miller_   2-10-03   (407) 352-5810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)