


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90476 045 ***150.00

DOCUMENT # M26085

1. Entity Name
JARMCO, INC.



Principal Place of Business
**C/O ROBERT L. BOHEMIER
801 PROGRESSO DR.
FT LAUDERDALE FL 33304**

Mailing Address
**C/O ROBERT L. BOHEMIER
801 PROGRESSO DR.
FT LAUDERDALE FL 33304**



2. Principal Place of Business
2600 Arbor Dr.

3. Mailing Address
2600 Arbor Dr.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33312

Country
USA

Zip
33312

Country
USA

4. FEI Number
59-2628872

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BOHEMIER, ROBERT L.
801 PROGRESSO DR.
FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name
Robert L. Bohemier

Street Address (P.O. Box Number is Not Acceptable)
2600 Arbor Dr.

City
Ft. Lauderdale

FL

Zip Code
33312

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 *Robert L. Bohemier* **VP** **2-28-03**

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV BOHEMIER, ROBERT L. 801 PROGRESSO DR. FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, JOHN A. 801 PROGRESSO DR. FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDERSON, AMY E. 801 PROGRESSO DR. FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV BOHEMIER, ROBERT L. 2600 Arbor Dr. Ft. Lauderdale, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, JOHN A. 2600 Arbor Dr. Ft. Lauderdale, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDERSON, AMY E. 2600 Arbor Dr. Ft. Lauderdale, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert L. Bohemier* **2-28-03** **954**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)