2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M49168** 1. Entity Name JAMISON MANAGEMENT CO., INC. Principal Place of Business Mailing Address 13980 S.W. 139TH CT. 13980 S.W. 139TH CT. MIAMI FL 33186-5513 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2817750 Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name

Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90042 047 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

JAMISON, STRATTON M. 13980 SW 139 CT. MIAMI FL 33186			Street Address (P.O.	Street Address (P.O. Box Number is Not Acceptable)			
			City	<u></u>	Zip Code		
8. The above	named entity submits this statement for the	e purpose of changing its req	gistered office or registered a	gent, or both, in the State of Florida.	•		
SIGNATURE _	Signature, typed or printed name of registered agent and t	ttle if applicable (NOTE. Re	egistered Agent signature required when	reinstating) DA	JE		
Tax filing requirement and elects to do so. After MAY 1, 2000		FEE IS \$150.00 Fee will be \$550.00 to Department of State	10. Election Campaign Financing Trust Fund Contribution.	Added:			
11.	OFFICERS AND DIF	RECTORS	12 . A	DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMISON, STRATTON M. 14321 SW 97TH AVE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAMISON, SUSAN 14321 SW 97TH AVE MIAMI FL	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-SJ-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	Addition	
13. I hereby of indicated	certify that the information supplied with thi on this report or supplemental report is tru	s filing does not qualify for the le and accurate and that my	e exemption stated in Section signature shall have the same	n 119.07(3)(I), Fiorida Statutes. I furthe e legal effect as if made under oath; th	r certify that the int at I am an officer o	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: