

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90989 002 \*\*\*150.00

**C0058848**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> <span style="font-size: 1.5em;">M74579</span> 1. Entity Name <span style="font-size: 1.2em;">JAMIE OF FORT MYERS, INC.</span>				<div style="font-size: 1.5em; margin-bottom: 10px;">C0058848</div> <div>DO NOT WRITE IN THIS SPACE</div>																									
Principal Place of Business		Mailing Address																											
2. Principal Place of Business <span style="font-size: 1.2em;">5682 ARVINE CIRCLE</span>		3. Mailing Address <span style="font-size: 1.2em;">"SAME"</span>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State <span style="font-size: 1.2em;">FT. MYERS, FLORIDA</span>		City & State		4. FEI Number <span style="font-size: 1.2em;">65-0043406</span>																									
Zip <span style="font-size: 1.2em;">33919</span> Country <span style="font-size: 1.2em;">USA</span>		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent <div style="font-size: 1.2em; margin-top: 10px;">Josephine Hensen 5682 Arvine Circle Ft. Myers, FLORIDA 33919</div>				7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Name            Street Address (P.O. Box Number is Not Acceptable)            City <span style="float: right;">FL</span> Zip Code         </div>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																										
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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.																													
<b>SIGNATURE:</b> <span style="font-size: 1.2em;">J. Hensen</span> <span style="float: right;">4/20/01 608-832-3300</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

CR2E034 (11/00)