

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90034 023 ***550.00

DOCUMENT # P00000009078

1. Entity Name
JAMAC OF TAMPA, INC.

Principal Place of Business

P.O. BOX 1186
 TAMPA FL 33601

Mailing Address

P.O. BOX 1186
 TAMPA FL 33601

2. Principal Place of Business

6449 38th Ave. N.

3. Mailing Address

Suite, Apt. #, etc.

Suite E-3

City & State
St. Petersburg FL

City & State

Zip
33710

Country
USA

Zip

Country

4. FEI Number

59-3620486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCCOSKRIE, JOHN
4914 N. ARMENIA AVE.
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name

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

6449 38th Ave. N.

Suite E-3

City

St. Petersburg

FL

Zip Code

33710

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Pres./Sec.
John H. McCoskrie
6449 38th Ave. N. Suite E-3
St. Petersburg FL 33710

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Pres./Sec.
John H. McCoskrie
6449 38th Ave. N. Suite E-3
St. Petersburg FL 33710

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 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01 (727) 347-5647

Date

Daytime Phone #

CR2E034 (5/01)