

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90787 004 ***150.00

DOCUMENT # P00000013519

1. Entity Name
JOMAX EXPRESS, INC.

Principal Place of Business
P.O. BOX 223
JAY FL 32565

Mailing Address
P.O. BOX 223
JAY FL 32565

2. Principal Place of Business
P.O. Box 233
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 233
 Suite, Apt. #, etc.

City & State
Jay, FL 32565
 Zip
32565
 Country
Santa Rosa

City & State
Jay, FL
 Zip
32565
 Country
Santa Rosa

4. FEI Number
59-3632563

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLOOMER, GEORGE M
2362 A. BLANDING BLVD.
MIDDLEBURG FL 32068

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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
PD
 NAME
MARTIN, JOANN R
 STREET ADDRESS
P.O. BOX 11799
 CITY-ST-ZIP
PENSACOLA FL 32524

☐ Delete

TITLE
VD
 NAME
WOOTON, MALCOLM JR.
 STREET ADDRESS
601 HERSHELL ST.
 CITY-ST-ZIP
PENSACOLA FL 32524

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
Martin, Joann R
 NAME
P.O. Box 233
 STREET ADDRESS
Jay, FL 32565
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
VP
 NAME
Wooten Malcolm Jr.
 STREET ADDRESS
P.O. Box 233
 CITY-ST-ZIP
Jay FL 32565

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Wooten

Date **03/09/02** 850-380-3585
 Daytime Phone #

CR2E034 (9/01)