## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000027800 1. Entity Name JJMR, INCORPORATED Principal Place of Business Mailing Address 211 NORTH BANNOCKBURN AVENUE 211 NORTH BANNOCKBURN AVENUE **TEMPLE TERRACE FL 33617** TEMPLE TERRACE FL 33617

3. Mailing Address



STREET FLOORISCO	600	2 U.S. Hwy 41	POBOX I	ω45/		1	114 B 11 B 21 1 B	DB1 (B1); 41	ISSA MOST IMOT
September   Sept	Suite, Apt.	#, etc. /	Suite, Apt. #, etc.	•		DO NOT WRITE IN	THIS SPA	νCΕ	
MOORE, JAMES D JR 211 NORTH BANNOCKBURN AVENUE TEMPLE TERRACE FL 33617  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida.  SIGNATURE Syntax, Input or printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent.  Paper on printed name of registered a	A	<b>2</b>	Tamoa EL		4. FE	Number 59-363294/			• •
MOORE, JAMES D JR 211 NORTH BANNOCKBURN AVENUE TEMPLE TERRACE FL 33617  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida.  SIGNATURE Syntax, Input or printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent and text approach.  Paper on printed name of registered agent.  Paper on printed name of registered a	5.		Country 1/5	5. Certificate of Status Desired S8.75 Additional Fee Required					
MOORE, JAMES D JR 211 NORTH BRANNOCKBURN AVENUE TEMPLE TERRACE FL 33617  8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida  SIGNATURE    Signature, horse or enterformeroid registered agent and rise if applicable.   (NOTE Registered Agent signature registered agent, or both, in the State of Florida  SIGNATURE   Signature, horse or enterformeroid registered agent and rise if applicable.   (NOTE Registered Agent signature registered agent, or both, in the State of Florida  SIGNATURE   Signature, horse or enterformeroid registered agent and rise if applicable.   (NOTE Registered Agent signature registered agent, or both, in the State of Florida  SIGNATURE   Signature, horse or enterformeroid registered agent and rise if applicable.   (NOTE Registered Agent signature registered agent, or both, in the State of Florida  SIGNATURE   Signature, horse or enterformeroid registered agent agent to registered agent, or both, in the State of Florida  SIGNATURE   Signature, horse or enterformeroid registered agent agent to registered agent, or both, in the State of Florida  SIGNATURE   (NOTE Registered Agent signature registered agent, or both, in the State of Florida  SIGNATURE   (NOTE Registered Agent signature registered agent, or both, in the State of Florida    Signature, horse or enterformeroid registered agent signature registered agent, or both, in the State of Florida    Signature, horse or enterformeroid registered agent signature register		6Name and Address of Current R	egistered Agent		7. Na	me and Address of New Registe	red Age	nt	
211 NORTH BANNOCKBURN AVENUE TERRACE FL 33617    City   FL   Zip Code									
TEMPLE TERRACE FL 33617  City FL Zip Code  City FL Zip Code  3. 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  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)  Tax filling requirement and elects to do so. (Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE MOORE, JAMES D JR  SIRET ADDRESS  ON'S-1-2P  TEMPLE TERRACE FL 33617  TEMPLE TERRACE FL 33617  TEMPLE TERRACE FL 33617  TEMPLE TERRACE FL 33617  TILE  1 OFFICERS AND DIRECTORS  1 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  1 NORTH BANNOCKBURN AVENUE  SIRET ADDRESS  ON'S-1-2P  TILE  1 ST		•							
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   Signature private name of registered event set of approximate to private name of registered agent, or both, in the State of Florida.    Signature private name of registered event set of approximate in private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of changing its registered agent, or both, in the State of Florida.    Signature private name of the purpose of the purpos					•				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signature   Signature, however or registered agent and stee # appricable.   (NOTE Registered Agent signature required whon reinstating)   DATE	IEMI	PLE FERRACE PL 33617							
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.    After MAY 1, 2001 Fee will be \$550,00				City			FL	Zip Cod	le
Signature, project or primed name of deplited agent autorities to displace to astisty its Intanglible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00	8. The above	named entity submits this statement for t	the purpose of changing its re	egistered office or regis	stered ager	nt, or both, in the State of Florida.			
Signature, project or primed name of deplited agent autorities to displace to astisty its Intanglible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00			<del>-</del> -	v	-				
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE MOORE, JAMES D JR STREET ADDRESS CITY-ST-ZIP  TITLE VD MOORE, JAMES D JR STREET ADDRESS CITY-ST-ZIP  TITLE VD MORE, JAMES D JR STREET ADDRESS CITY-ST-ZIP  TITLE VD MORE STREET ADDRESS CITY-ST-ZIP  TITLE VD MAKE STREET ADDRESS CITY-ST-ZIP  TITLE ST-	SIGNATURE .								
Task filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE MAME MOORE, JAMES D JR STREET ADDRESS CITY-ST-2P  TITLE VD		Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signature requ	ired when reins	stating) D	ATE		
Trust Fund Contribution.   Added to Fees   Addition   Added to Fees   Addition   Added to Fees   Addition   Added to Fees   Addition   Additi			FEE IS \$150.00		10 Election Campaign Finance	na <b>¢</b> í		E 00 n.	
TITLE PD MOORE, JAMES D JR Delete NAME STREET ADDRESS CITY-ST-ZIP STREET AD							_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	`		1		j	·····			
NAME STREET ADDRESS CITY-ST-ZIP TITLE STATEMANT STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET	· · · · · · · · · · · · · · · · · · ·				ADD	TIONS/CHANGES TO OFFICERS			
STREET ADDRESS CITY-ST-ZIP TITLE TIT		1	☐ Delete				L	Change	☐ Addition
CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP									
TITLE NAME HAIR, RACHEL M STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549  STREET ADDRESS CITY-ST-ZIP  TITLE NAME HAIR, JOHN A STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			102						
NAME STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549  STILLE*   STATE   ADDRESS   CITY-ST-ZIP  NAME STREET ADDRESS   CITY-ST-ZIP  NAME STREET ADDRESS   CITY-ST-ZIP  LUTZ FL 33549  STREET ADDRESS   CITY-ST-ZIP  NAME STREET ADDRESS   CITY-ST-ZIP  LUTZ FL 33549  LUTZ FL 33549  ITILE   Delete   TITLE   De	TITLE		□ Delete	TITLE				Change	☐ Addition
CITY-ST-ZIP  TITLE ST CHANGE CITY-ST-ZIP  TITLE HAIR, JOHN A 2342 WINDSOR OAKS AVENUE LUTZ FL 33549  TITLE NAME STREET ADDRESS CITY-ST-ZIP		HAIR, RACHEL M					_		
TITLE ST   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   LUTZ FL 33549   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   LUTZ FL 33549   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Addition   AME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Addition   AME   A	STREET ADDRESS	2342 WINDSOR OAKS AVENUE		STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		Delete Delete	- TITLE -			· 🗆	Change -	→ 🔲 · Addition
CITY-ST-ZIP  LUTZ FL 33549  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		•							
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP		LU12 FL 33349	□ Doleto	8 ·				Channa	☐ Addition
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Selete	<b>3</b>			لبا	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE OBJECT NAME STREET ADDRESS CITY-ST-ZIP  TITLE OBJECT OBJE	TITLE		☐ Delete	TITLE		77 194 19 1		Change	Addition
CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP			į.						
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP			~						
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP						·			
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	4		☐ Delete	i i			L	Change	
CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS								
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	CITY-ST-ZIP								
	13.   hereby c	ertify that the information supplied with th	is filing does not qualify for th	e exemption stated in S	Section 11	9.07(3)(i), Florida Statutes. I furthe	r certify t	hat the ir	nformation

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:** 

2. Principal Place of Business