

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90159 012 ***150.00

DOCUMENT # P00000027800

1. Entity Name

JJMR, INCORPORATED

Principal Place of Business

**211 NORTH BANNOCKBURN AVENUE
 TEMPLE TERRACE FL 33617**

Mailing Address

**211 NORTH BANNOCKBURN AVENUE
 TEMPLE TERRACE FL 33617**

2. Principal Place of Business

6002 U.S. Hwy 41

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 16957

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apello Beach, FL

City & State

Tampa, FL

4. FEI Number

59-3632941

Applied For

Not Applicable

33572

Hills

33687

Hills

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, JAMES D JR
 211 NORTH BANNOCKBURN AVENUE
 TEMPLE TERRACE FL 33617**

Name

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

City

FL

Zip Code

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JAMES D JR 211 NORTH BANNOCKBURN AVENUE TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAIR, RACHEL M 2342 WINDSOR OAKS AVENUE LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAIR, JOHN A 2342 WINDSOR OAKS AVENUE LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James D Moore Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Moore Jr
 President

Date

(813) 645-0678
 Daytime Phone #

CR2E034 (10/00)