

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036846

1. Entity Name  
**JAMESON II CORPORATION**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90380 039 \*\*\*150.00

Principal Place of Business  
**4548 NORTH FEDERAL HWY  
FORT LAUDERDALE FL 33008**

Mailing Address  
**4548 NORTH FEDERAL HWY  
FORT LAUDERDALE FL 33008**

**656063**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4051 W. ATLANTIC AVE.**

3. Mailing Address  
**4051 W. ATLANTIC AVE.**

City & State  
**Delray Beach, FL**

City & State  
**Delray Beach, FL**

4. FEI Number ☒ Applied For  
Not Applicable

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

**BISHINS, LARRY V  
4548 NORTH FEDERAL HWY  
FORT LAUDERDALE FL 33008**

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	<b>D CELENTANO, ALICE JOYCE 4351 NW 101ST DRIVE CORAL SPRINGS FL 33065</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT VINCENT L. CELENTANO 4351 NW 101 DR CORAL SPRINGS FL 33065</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Vincent Celentano 4/30/01 561-499-4435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)