

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90732 043 ***150.00

DOCUMENT # **P00000038041-3**

1. Entity Name

JAMF RESTAURANTS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10206 NO. 30th ST.

Suite, Apt. #, etc.

3. Mailing Address

10328 LIGHTNER BRIDGE DR.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA, FL

4. FEI Number

59-3645370

Applied For

Not Applicable

Zip

33612

Country

USA

Zip

33626

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARK E PEINA

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

300 S. HYDE PARK AVE STE 220

City

TAMPA

FL

Zip Code

33606

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**PVST D
BRIGLIADORA, FRANK
10328 LIGHTNER BRIDGE DR
Tampa, FL 33626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MARK E PEINA
300 S. HYDE PARK AVE STE 220
Tampa, FL 33606**

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bill Passi, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/02 727-515-6603

Date

Daytime Phone #

CR2E034B (12/01)