

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91393 016 \*\*\*150.00

**DOCUMENT # P00000082077**

1. Entity Name  
**JAREMAX, INC.**



Principal Place of Business  
**18403 NW 197TH ST  
HIGH SPRINGS FL 32643**

Mailing Address  
**P.O. BOX 756  
HIGH SPRINGS FL 32655**



2. Principal Place of Business  
**1901 Ulmerton Rd  
Suite 400**

3. Mailing Address  
**1901 Ulmerton Rd  
Suite 750**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Clearwater FL**  
Zip  
**33762** Country  
**USA**

City & State  
**Clearwater FL**  
Zip  
**33762** Country  
**USA**

4. FEI Number  
**59-3667957**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SCAFF, MARVIN  
18403 NW 197TH ST  
HIGH SPRINGS FL 32643**

## 7. Name and Address of New Registered Agent

Name  
**SCAFF, MARVIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1901 Ulmerton Rd, Suite 400**  
City  
**Clearwater** FL Zip Code  
**33762**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Marvin D Scaff** DATE **4/28/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C**  
**SCAFF, MARVIN D**  
**18403 NW 197TH ST**  
**HIGH SPRINGS FL 32643** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C**  
**SCAFF, MARVIN D**  
**1901 Ulmerton Rd Suite 400**  
**Clearwater FL 33762** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Marvin D Scaff**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/2003** **727 644 7479**  
Date Daytime Phone #

CR2E034 (10/02)