

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

05-17-2001 91330 028 ***150.00

DOCUMENT # P00000108978

1. Entity Name
JAMES ST. JAMES INC.

Principal Place of Business Mailing Address
 5215 NW 96TH DRIVE 5215 NW 96TH DRIVE
 CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076

2. Principal Place of Business 3. Mailing Address
5215 N.W. 96 DR **4630 N. UNIVERSITY DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
CORAL SPRINGS, FL **SUITE # 440**
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1064281** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country Zip Country
33076 U.S. **33067 U.S.**

6. Name and Address of Current Registered Agent
WOOD, JAMES
5215 NW 96TH DRIVE
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent
 Name **SAME**
 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 James H. Wood DATE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **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	PRESIDENT JAMES WOOD 5215 N.W. 96 DR. CORAL SPGS FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LISA R. WALLS P.O. BOX 771029 CORAL SPGS FL 33077	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		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 H Wood (Pres) **JUNE 8th 01** (954 304 0116)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)