

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

DOCUMENT # 900000 110521

1. Entity Name **JIMCIN INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

RT 10 BOX 837-7

Suite, Apt. #, etc.

3. Mailing Address

RT 10 BOX 837-7

Suite, Apt. #, etc.

City & State

LAKE CITY FL

City & State

LAKE CITY FL

4. FEI Number

59-3689833

Applied For

Not Applicable

Zip

32025

Country

COLUMBIA

Zip

32025

Country

COLUMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name

JIM BULLOCK

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

RT 10 BOX 837-7

City

LAKE CITY

FL

Zip Code

32025

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.

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-06/04/02--01074--002

******150.00 ****150.00**

SIGNATURE

Signature, typed or printed name of registered agent and title 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.

(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
**PRESIDENT
JIM BULLOCK
RT 10 BOX 837-7
LAKE CITY FL 32025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800005677908--7
-06/04/02--01074--001
****150.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
CINDY BULLOCK
RT 10 BOX 837-7
LAKE CITY FL 32025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM BULLOCK

Date

Daytime Phone #

CR2E034B (12/01)