

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90148 001 ***150.00

DOCUMENT # P01000014308

1. Entity Name
JBAM, Inc.
325 N. Cove Blvd.
Panama City, FL 32401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
325 N. Cove Blvd.
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 417
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Panama City, FL

City & State
Lynn Haven, FL

4. FEI Number
59-3698516

Applied For
Not Applicable

Zip
32401
Country
USA

Zip
32444
Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James A. Cutchin

Street Address (P.O. Box Number is Not Acceptable)
325 N. Cove Blvd.

City Panama City **FL** **Zip Code** 32401

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 A. Cutchin

4/24/02

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
P
NAME
James A. Cutchin
STREET ADDRESS
325 N. Cove Blvd.
CITY-ST-ZIP
Panama City, FL 32401

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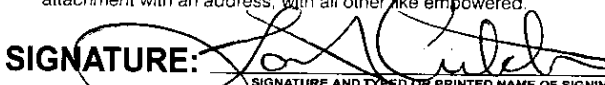
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CR2E034B (12/01)

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:  James A. Cutchin **4/24/02** **(850) 784-6972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #