

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-04-2003 20145 006 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043469

1. Entity Name
JAM VACATIONS, INC.



Principal Place of Business
330 49TH STREET SOUTH
ST. PETERSBURG FL 33707

Mailing Address
330 49TH STREET SOUTH
ST. PETERSBURG FL 33707



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3715992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIN, JOSEPH
7057 HIBISCUS AVENUE SOUTH
ST. PETERSBURG FL 33707

Name

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$556.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *
NAME P
STREET ADDRESS MARIN, JOSEPH
CITY-ST-ZIP 7057 HIBISCUS AVENUE SOUTH
ST. PETERSBURG FL 33707 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

JAM Vacations, Inc.
330 49th Street South
St. Petersburg, FL 33707-1928

July 18, 2003

90148836
PO1000043469

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Annual Corporate Report

To Whom It May Concern:

Enclosed please find my 2003 Uniform Business Report and a check in the amount of \$150 to cover the fee for filing.

I originally sent in my original UBR and a check in April 2002. I have checked with my bank and the check was never processed. Also, your office has no record of receiving it.

Please accept the enclosed replacement report and my check for the original filing fee.

Thank you in advance for your cooperation.

Sincerely,

Joe Mayo