

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90697 016 ***150.00

DOCUMENT # P01000055881

1. Entity Name
JAMBARA, INC.



Principal Place of Business
**35329 GRAYS AIRPORT ROAD
FRUITLAND PARK FL 34731**

Mailing Address
**35329 GRAYS AIRPORT ROAD
FRUITLAND PARK FL 34731**

2. Principal Place of Business

3. Mailing Address

P.O. Box 729

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FRUITLAND PARK, FL

4. FEI Number
59-3745772

Applied For
Not Applicable

Zip Country
34731 USA

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

**BRAUN, PHILIP J
610 E MAIN STREET
LEESBURG FL 34748**

Name
Barbara H. Logan

Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 729

35336 S. Grays Airport Rd.

City Zip Code
Fruitland Park FL 34731

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 **Barbara H. Logan President**

3/12/03
DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LOGAN, BARBARA H**
CITY-ST-ZIP **35329 GRAYS AIRPORT ROAD
FRUITLAND PARK FL 34731**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LOGAN, JAMES P**
CITY-ST-ZIP **35329 GRAYS AIRPORT ROAD
FRUITLAND PARK FL 34731**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Barbara H. Logan** **Barbara H. Logan, Pres.** **3/12/03** **352-787-8144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)