2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P01000070432

1. Entity Name

JODAMEKE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4611 S. UNIVERSITY DRIVE #151	4611 S. UNIVERSITY DRIVE #151
DAVIE FL 33328	DAVIE FL 33328

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

FILED

02 OCT 21 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0139090

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1145470 ☐ 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
STEWART, VIRGINIA	Name
4611 S. UNIVERSITY DRIVE #151	Street Address (P.O. Box Number is Not Acceptable)
DAVIE FL 33328	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
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

TITLE	DPS	☐ Delete
NAME	STEWART, VIGINIA	
STREET ADDRESS	4611 S. UNIVERSITY DRIVE #151	
CITY-ST-ZIP	DAVIE FL 33328	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(multiple blank TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP rows with ☐ Delete, ☐ Change, ☐ Addition checkboxes)

CR2E034 (4/02)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/02   954-467-4040
Date   Daytime Phone #