

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000111356

1. Entity Name
JAM. ACQUISITIONS, INC.

Principal Place of Business
226 HILLCREST ST.
ORLANDO FL 32801

Mailing Address
226 HILLCREST ST.
ORLANDO FL 32801

2. Principal Place of Business
P.O. BOX 560144
Suite, Apt. #, etc.
Orlando FL
City & State

3. Mailing Address
P.O. BOX 560144
Suite, Apt. #, etc.
Orlando, FL 32856
City & State

Zip 32856 Country orange

Zip orange Country orange

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAGEE, JAMES M ESQ
226 HILLCREST ST.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 _____
(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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD BURTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-
July 15, 2002 399 3460
Date Daytime Phone #

FILED
Aug 01, 2002 8:00 am
Secretary of State

07-23-2002 90336 036 ***550.00

40400



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)