

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/10/2003-90053-041-\$150.00-\$150.00

DOCUMENT # P01000120728

1. Entity Name
JAAM ASSOCIATES, INC.



FILED
03 OCT 13 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10858 KING BAY DR.
BOCA RATON FL 33498

Mailing Address
10858 KING BAY DR.
BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number. **APPLIED FOR**

☒ Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLENDINING, M. KATHLEEN
9070 KIMBERLY BLVD., STE. 57
BOCA RATON FL 33434

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 \$550.00

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
STREET ADDRESS
CITY-ST-ZIP
PRES
BERGMAN, JEFFREY D
10858 KING BAY DRIVE
BOCA RATON FL 33498 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE
BERGMAN, AMY
10858 KING BAY DRIVE
BOCA RATON FL 33498 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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 #

9/8/03 5614200311

28 12/12

CR2E034 (4/03)

Attachments

801416810

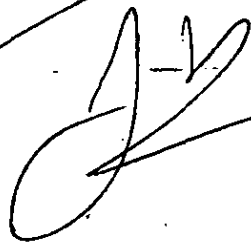
9/16/03

PO1000120728

To whom this may concern, I
did not receive my first renewal
notice. Please find my renewal check.

Enclosed.

Thank you

A handwritten signature, possibly reading "J-L", is written over a horizontal line.