

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047407

1. Entity Name

J.A.M. FOOD, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90085 039 \*\*\*150.00

Principal Place of Business

Mailing Address

841 PRUDENTIAL DRIVE  
ONE PRUDENTIAL PLAZA  
JACKSONVILLE FL 32207

841 PRUDENTIAL DRIVE  
ONE PRUDENTIAL PLAZA  
JACKSONVILLE FL 32207-8349

2. Principal Place of Business

3. Mailing Address

8933 ELIZABETH FALLS DR.

8933 ELIZABETH FALLS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32257

Country

DUVAL USA

Zip

32257

Country

DUVAL USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTELMO, MARC A  
841 PRUDENTIAL DRIVE  
ONE PRUDENTIAL PLAZA  
JACKSONVILLE FL 32207

Name

CANTELMO, MARC A.

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

8933 ELIZABETH FALLS DR.

City

JACKSONVILLE

FL

Zip Code

32257

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE PD ☐ Delete  
NAME CANTELMO, MARC A  
STREET ADDRESS 841 PRUDENTIAL DRIVE ONE PRUDENTIAL PLAZA  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE PD ☒ Change ☐ Addition  
NAME CANTELMO, MARC A.  
STREET ADDRESS 8933 ELIZABETH FALLS DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE STDV ☐ Delete  
NAME CANTELMO, ANNA  
STREET ADDRESS 841 PRUDENTIAL DRIVE ONE PRUDENTIAL PLAZA  
CITY-ST-ZIP JACKSONVILLE FL

TITLE STDV ☒ Change ☐ Addition  
NAME CANTELMO, ANNA  
STREET ADDRESS 8933 ELIZABETH FALLS DR.  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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)* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-00

Date

904-448-2646

Daytime Phone #

CR2E034 (9/99)