## 2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93000052880 May 07, 2001 8:00 am Secretary of State 1. Entity Name UJAMAA, INC. 05-07-2001 90051 007 \*\*\*150.00 Principal Place of Business Mailing Address 1500 Apalachee Pkwy Suite 2002 Tallahassee, FL 32301 D0046244 2. Principal Place of Business 3. Mailing Address 1500 Apalachee Pwky SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2002 City & State City & State Applied For 4. FEI Number Tallahassee. FL 38-2972776 Not Applicable Żip . Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32301 Leon 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Helen E.-Jefferson Thomas G. Jefferson Street Address (P.O. Box Number is Not Acceptable) 1102-1 South Adams Street <u>1500 Apalachee Pwky,</u> Suite 2002 Tallahassee, FL 32301 Tallahassee 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 Helen E. Jefferson FILE NOWI!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS ULLE Chairman Addition K Delete TITLE Chairman \*Change NAME Thomas G. Jefferson STREET ADDRESS 2124 Pink Flamingo Lane CITY-ST-ZIP Tallahassee, FL 32301 <u> Tallahassee, FL 32308</u> ☐ Addition ☐ Delete TITLE \_\_\_Change President NAME Tracy N. Jefferson STREET ADDRESS 2124 Pink Flamingo Lane CITY-ST-7IP <u> Tallahassee, FL 32312</u> <del>Tallahassee, FL 32308</del>-☐ Addition ☐ Change TITLE □ Delete NAME

NAME Helen E. Jefferson STREET ADDRESS | 1102-1 South Adams Street CITY-ST-ZIP mu President NAME Trady N. Jefferson STREET ADDRESS 1366 Pawnee Pointe CT CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Tracy N. Jefferson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/21/2001

850-681-2990

Daytime Phone #