

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000052880

1. Entity Name
UJAMAA, INCORPORATED



Principal Place of Business
1500 APALACHEE PKWY
1330
TALLAHASSEE, FL 32301

Mailing Address
1500 APALACHEE PKWY
1330
TALLAHASSEE, FL 32301

FILED

04 APR 27 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272004 No Chg-P CR2E034 (10/03)

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4. FEI Number
38-2972776
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEFFERSON, THOMAS G
1500 APALACHEE PKWY, SUITE 1330
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200035821352
10/04--01074--025 **150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	JEFFERSON, THOMAS G
STREET ADDRESS	2124 PINK FLAMINGO LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	P
NAME	JEFFERSON, TRACY N
STREET ADDRESS	2124 PINK FLAMINGO LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

850-681-2990

Daytime Phone #