

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

04-18-2002 90470 014 ***150.00

DOCUMENT # **P.930000 75296**

1. Entity Name

Jimson Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7141 NW 102 AVE

Suite, Apt. #, etc.

3. Mailing Address

SAMC

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMARAC FL

City & State

TAMARAC FL

4. FEI Number

650437867

Applied For

Not Applicable

Zip

33321

Country

Broward

Zip

33321

Country

FL

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Barbara McGlynn

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

7141 NW 102 AVE

City

TAMARAC

FL

Zip Code

33321

**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.

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Barbara McGlynn President
7141 NW 102 AVE
TAMARAC FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C.E.O.
James McGlynn
7141 NW 102 AVE
TAMARAC FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Barbara McGlynn / Barbara McGlynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/02 954 7523996

Date

Daytime Phone #

CR2E034B (12/01)