

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012759

1. Entity Name
JEMESCO, INC.



FILED

03 NOV -3 AM 10:12

Principal Place of Business
15476 N.W. 77TH CT.
SUITE 347
MIAMI LAKES, FL 33016 US

Mailing Address
15476 N.W. 77TH CT.
SUITE 347
MIAMI LAKES, FL 33016 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
10130 NORTHLAKE

3. Mailing Address
10130 NORTHLAKE

Suite, Apt. #, etc.
214-304

Suite, Apt. #, etc.
214-304

City & State

City & State

W. PALM BEACH, FL

W. PALM BEACH, FL

Zip
33412

Country
USA

Zip
33412

Country
USA

4. FEI Number
31-1317534

Applies
Not Ap

5. Certificate of Status Desired ☐ \$8.75 Addition
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARFIELD, PAUL D
15476 N.W. 77TH CT.
SUITE 347
MIAMI LAKES, FL 33016

Name
PAUL D. WARFIELD

Street Address (P.O. Box Number is Not Acceptable)
10130 NORTHLAKE BLVD #214-304

W. PALM BEACH, FL 33412

City
W. PALM BEACH FL Zip Code
33412

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 the obligations of registered agent.

SIGNATURE *X Paul D. Warfield*

X 9-29-03
DATE

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

(NOTE: Registered Agent Signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 M
Added to F

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARFIELD, PAUL D 15476 N.W. 77TH CT., STE. 347 MIAMI LAKES, FL 33016 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARFIELD, BEVERLY A 15476 N.W. 77TH CT., STE. 347 MIAMI LAKES, FL 33016 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ 10130 NORTHLAKE BLVD. W. PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ 10130 NORTHLAKE BLVD. W. PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 100023526481 03/03--01081--010 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 100023526481 03/03--01011--019 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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

SIGNATURE: *X Paul D. Warfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9-29-03
Date

Daytime Phone #

71 116