

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000018118**1. Entity Name
JOMAX ENTERPRISES, INC.

Principal Place of Business

310 SHEFFIELD CIRCLE

PALM HARBOR

34683

FL

US

Mailing Address

310 SHEFFIELD CIRCLE

PALM HARBOR

34683

FL

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0571003

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLEVINS JOE M.
310 SHEFFIELD CIRCLE

PALM HARBOR

34683

FL

US

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

05/30/2001

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, 2001 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

TITLE T ☐ Delete
NAME BLEVINS PATRICIA D.
STREET ADDRESS 310 SHEFFIELD CIRCLE
CITY-ST-ZIP PALM HARBOR FLTITLE S ☐ Delete
NAME BLEVINS PATRICIA D.
STREET ADDRESS 310 SHEFFIELD CIRCLE
CITY-ST-ZIP PALM HARBOR FLTITLE VP ☐ Delete
NAME BLEVINS DUARD M.
STREET ADDRESS 11853 DERBYSHIRE DR
CITY-ST-ZIP TAMPA FLTITLE P ☐ Delete
NAME BLEVINS JOE M
STREET ADDRESS 310 SHEFFIELD CIRCLE
CITY-ST-ZIP PALM HARBOR FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☒ Change ☐ Addition
NAME BLEVINS PATRICIA D
STREET ADDRESS 310 SHEFFIELD CIRCLE
CITY-ST-ZIP PALM HARBOR FL 34683TITLE S ☒ Change ☐ Addition
NAME BLEVINS PATRICIA D
STREET ADDRESS 310 SHEFFIELD CIRCLE
CITY-ST-ZIP PALM HARBOR FL 34683TITLE VP ☒ Change ☐ Addition
NAME BLEVINS DUARD M
STREET ADDRESS 12561 LEATHERLEAF DRIVE
CITY-ST-ZIP TAMPA FL 33626TITLE P ☒ Change ☐ Addition
NAME BLEVINS JOE M
STREET ADDRESS 310 SHEFFIELD CIRCLE
CITY-ST-ZIP PALM HARBOR FL 34683TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Joe M Blevins

P

05/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)