

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90145 004 \*\*\*150.00

**DOCUMENT # P95000064358**

**1. Entity Name**  
**JAX PANAMA, INC.**

**Principal Place of Business**

**C/O ALLISON J. KEATING**  
**111 ALLEN AVE.**  
**FALMOUTH MA 02540**  
**US**

**Mailing Address**

**C/O ALLISON J. KEATING**  
**111 ALLEN AVE.**  
**FALMOUTH MA 02540**  
**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**

**04-3338262**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GORDON, WILLIAM K**  
**303 STATE ROAD 26**  
**MELROSE FL 32666**

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)

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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PTD** ☐ Delete  
**NAME** **KEATING, ALLISON J**  
**STREET ADDRESS** **25 TAPLEY ST** *111 Allen Avenue*  
**CITY-ST-ZIP** **LYNN MA 01904** *FALMOUTH MA 02540*

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **AS** ☐ Delete  
**NAME** **KEATING, ALLISON J**  
**STREET ADDRESS** **25 TAPLEY ST.** *111 Allen Avenue*  
**CITY-ST-ZIP** **LYNN MA 01904** *FALMOUTH MA 02540*

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **S** ☐ Delete  
**NAME** **GORDON, WILLIAM K**  
**STREET ADDRESS** **303 STATE RD. 26**  
**CITY-ST-ZIP** **MELROSE FL 32666**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VDAT** ☐ Delete  
**NAME** **KEATING, PAULA J**  
**STREET ADDRESS** **449 SUMMER ST**  
**CITY-ST-ZIP** **LYNN FIELD MA 01940**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*ALLISON J KEATING*  
*3/11/02*

Date

Daytime Phone #

*508 548 5007*

CR2E034 (9/01)