

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90420 043 ***150.00

03675 AV

DOCUMENT # P95000096955

1. Entity Name
AMJAM, INC.



Principal Place of Business
**5901 CORNWALL LANE
DAVIE FL 33331**

Mailing Address
**5901 CORNWALL LANE
DAVIE FL 33331**

2. Principal Place of Business

2844 OAKBROOK DR

Suite, Apt. #, etc.

3. Mailing Address

2844 OAKBROOK DR

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

WESTON FL.

City & State

WESTON FL.

4. FEI Number

65-0627818

Applied For

Not Applicable

Zip

33332

Country

USA

Zip

33332

Country

USA

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

6. Name and Address of Current Registered Agent

**BRAITHWAITE, PAUL
5901 CORNWALL LANE
DAVIE FL 33331**

7. Name and Address of New Registered Agent

Name **PAUL BRAITHWAITE**

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

2844 OAKBROOK DR

City **WESTON**

FL

Zip Code

33332

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

Paul Braithwaite

3. 19.03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BRAITHWAITE, PAUL E	
STREET ADDRESS	5901 CORNWALL LANE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BRAITHWAITE, JUNE E	
STREET ADDRESS	5901 CORNWALL LANE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Braithwaite, Paul	
STREET ADDRESS	2844 OAKBROOK DR	
CITY-ST-ZIP	WESTON, FL 33332	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAITHWAITE JUNE	
STREET ADDRESS	2844 OAKBROOK DR	
CITY-ST-ZIP	WESTON FL. 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Paul Braithwaite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. 19.03

Date

954-258-1938

Daytime Phone #

CR2034 (10/02)