

**2002 UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 21 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DOCUMENT # P98000025498**

1. Entity Name

**JAMAC & SONS, INCORPORATED**

Principal Place of Business

2829 SE PACE DRIVE  
PORT ST. LUCIE FL 34984

Mailing Address

2829 SE PACE DRIVE  
PORT ST. LUCIE FL 34984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0825769

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CERNUTO, ~~JOSEPH R. III~~ *Joseph R. III*  
2829 SE PACE DRIVE  
PORT ST. LUCIE FL 34984

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PRESIDENT** ☐ Delete  
NAME CERNUTO, JOSEPH R III  
STREET ADDRESS 2829 SE PACE DR  
CITY - ST - ZIP PORT ST LUCIE FL 34984☐ Change ☐ AdditionTITLE **Vice - President** ☐ Delete  
NAME Cernuto, Mary Ann  
STREET ADDRESS 2829 SE PACE DR  
CITY - ST - ZIP PORT ST LUCIE, FL 34984☐ Change ☐ AdditionTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ Addition

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

8-08-02

Date

712-336-3553

Daytime Phone #

CR2E034 (4/02)

75 10/22/02

JAMAC and Sons Incorporated  
2829 SE Pace Drive Port Saint Lucie, Florida 34984  
772-336-3553

October 17, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

ATTN: Barbara Mitchell

Dear Ms. Mitchell:

Reference Number: P98000025498

I would like to thank you for your kindness and consideration when I called the Division of Corporations the other day. It seems nowadays very few people take the time to be polite. Your attitude was greatly appreciated and I thank you for taking the time to listen to me.

In April of this year I was hospitalized for Respiratory Failure. This is a symptom of severe lung disease. At this time, my doctors are now calling my condition, "End stage lung disease". I have been working with the Shands Hospital Lung Transplant Program for over a year.

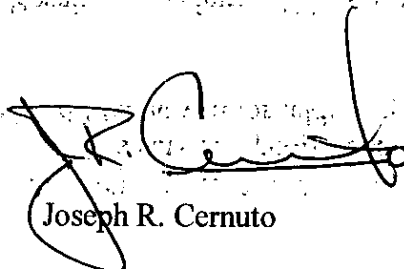
At the time we received our renewal form for our business, we were not sure what our situation would be in the next couple months and we "slid it aside for later consideration". This probably was a dumb thing to do. When I found the form, I mailed it that day with a check. It appears the report is late and there is a \$400 late fee. I am asking that you take our situation into consideration and am asking that you please waive the \$400 late fee. Your consideration of our circumstances regarding our fee and the lateness of our payment would be greatly appreciated.

Again, I do sincerely thank you for your kindness and willingness to explain what was necessary for me to do to apply for re-instatement. If you have any questions, please feel free to contact me at the telephone number listed above.

Sincerely,



Mary Ann Cernuto

  
Joseph R. Cernuto