

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90109 036 ***150.00

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DOCUMENT # P98000045044

1. Entity Name
JAMMIN, INC.



Principal Place of Business
**570 S. BANANA RIV. DR.
MERRITT ISLAND FL 32952
US**

Mailing Address
**570 S. BANANA RIV. DR.
MERRITT ISLAND FL 32952
US**

11010003



2. Principal Place of Business
1881 BARKER ST. N.E.
Suite, Apt. #, etc.

3. Mailing Address
1881 BARKER ST. N.E.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PALM BAY, FL
Zip
32907
Country
U.S.

City & State
PALM BAY, FL
Zip
32907
Country
U.S.

4. FEI Number
59-3559313

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

**MULLIN, JOAN A
570 S. BANANA RIVER DRIVE
MERRITT ISLAND FL 32952**

Name
MULLIN, JOAN A.
Street Address (P.O. Box Number is Not Acceptable)
1561 BARKER ST. N.E.
City
PALM BAY FL Zip Code
32907

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 *Joan A. Mullin* **JOAN A. MULLIN**
(NOTE: Registered Agent signature required when reinstating)

04/22/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLIN, JOAN A 570 S. BANANA RIVER DR. MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Joan A. Mullin **JOAN A. MULLIN** **04/22/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321 956 1561