

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049485

1. Entity Name  
JAMS OF JAX, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90023 017 \*\*\*150.00

Principal Place of Business <del>11457 SAN JOSE BOULEVARD</del> <del>UNIT 129</del> <del>JACKSONVILLE FL 32223</del> <b>New Address</b>	Mailing Address <del>11457 SAN JOSE BOULEVARD</del> <del>UNIT 129</del> <del>JACKSONVILLE FL 32223</del> <b>New Address</b>
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2. Principal Place of Business <b>11111-70 San Jose Boulevard</b> Suite, Apt. #, etc. <b>Unit 129</b> City & State <b>Jacksonville, Florida</b> Zip <b>32223</b> Country <b>Duval</b>	3. Mailing Address <b>11111-70 San Jose Boulevard</b> Suite, Apt. #, etc. <b>Unit 129</b> City & State <b>Jacksonville, Florida</b> Zip <b>32223</b> Country <b>Duval</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3515665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>AMERILAWYER</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES FL 33134</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>SPADAFORA, JEFFREY L</b> <b>11457 SAN JOSE BOULEVARD</b> <b>JACKSONVILLE FL 32223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>SPADAFORA, JEFFREY L</b> <b>1111-70 San Jose Blvd. #129</b> <b>JACKSONVILLE, FL 32223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SPADAFORA, ANDREA L</b> <b>11457 SAN JOSE BOULEVARD</b> <b>JACKSONVILLE FL 32223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SPADAFORA, Andrea L</b> <b>1111-70 San Jose Blvd. #129</b> <b>JACKSONVILLE, FL 32223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jeffrey L. Spadafora **Jeffrey L. Spadafora** **4/13/01** **904-292-4423**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**President**

CR2E034 (10/00)