FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 22, 2002 8:00 am § Secretary of State DOCUMENT # P98000049485 1. Entity Name 04-22-2002 90213 029 \*\*\*158.75 JAMS OF JAX, INC. Principal Place of Business Mailing Address 11111-70 SAN JOSE BLVD 11111-70 SAN JOSE BLVD **UNIT 129 UNIT 129** JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3515665 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent = ಸ್ವಾಪ್ ಕ್ಷಾಪ್ ಕ್ಷಿಪ್ ಕ್ಷಾಪ್ ಕ್ಷಿಪ್ ಕ್ಷಿಪ **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition **PSD** NAME SPADAFORA, JEFFREY L NAME STREET ADDRESS STREET ADDRESS 11111-70 SAN JOSE BLVD #129 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32223 TITLE ☐ Delete TITLE ☐ Addition NAME NAME SPADAFORA, ANDREA L STREET ADDRESS STREET ADDRESS 11111-70 SAN JOSE BLVD #129 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete TITLE TITLE Change ☐ Addition NAME \_\_\_\_ NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with

NAME OF SIGNING OFFICER OR DIRECTOR

ldress, with all other like empowered.