

**\* AMENDED \***

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049485

1. Entity Name

Jams of Jax, Inc.

FILED

02 OCT 29 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4206 Baymeadows Road  
Suite, Apt. #, etc.

3. Mailing Address  
4206 Baymeadows Road  
Suite, Apt. #, etc.

City & State  
Jacksonville, FL.

City & State  
Jacksonville, FL.

4. FEI Number  
59-3515665

Applied For  
Not Applicable

Zip  
32217

Country  
USA

Zip  
32217

Country  
USA

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Rafael J. Perez

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

4206 Baymeadows Road

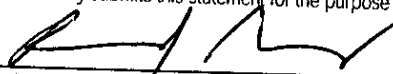
City  
Jacksonville

FL

Zip Code  
32217

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.

Rafael J. Perez

10-28-02

(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)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P= Jeffrey L. Spadafora 12715 Gathering Oaks Drive Jacksonville, FL. 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V= William L. Perez 272 Village Green Ave. Jacksonville, FL. 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T= Rafael J. Perez 272 Village Green Ave. Jacksonville, FL. 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S= Anthony R. Carter 11574 Lazy Willow Lane Jacksonville, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE  
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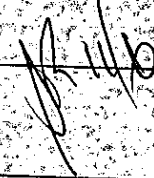
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100008670841  
10/29/02--01102--005 \*\*70.00

**DO NOT WRITE IN THIS SPACE**



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 on an attachment with an address, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-02

904-739-2568

Date

Daytime Phone #

CR2E034B (12/01)