

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90048 002 ***150.00

DOCUMENT # P98000061365

1. Entity Name
JOMARMIC, INC.

Principal Place of Business 7143 STATE ROAD 54 NEW PORT RICHEY FL 34653	Mailing Address 7143 STATE ROAD 54 NEW PORT RICHEY FL 34653
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3556295	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

MICHELSSEN, JOHAN
4303 OTTER WAY
NEW PORT RICHEY FL 34653-6523

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MICHELSSEN, JOHAN STREET ADDRESS: 4303 OTTER WAY 54 CITY-ST-ZIP: NEW PORT RICHEY FL 34653	<input type="checkbox"/>	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>
NAME: MICHELSSEN, MARGARET STREET ADDRESS: 4303 OTTER WAY 54 CITY-ST-ZIP: NEW PORT RICHEY FL 34653	<input type="checkbox"/>	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/>

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: Johan Michelsen **JOHAN MICHELSSEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/01 **727 376 2893**
Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

