

DOCUMENT # P98000076368

1. Entity Name

HAM &amp; JAMM SERVICES, INC.

Principal Place of Business

2555 MARATHON LANE  
FORT LAUDERDALE FL 33312

Mailing Address

2555 MARATHON LANE  
FORT LAUDERDALE FL 33312-4611

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

65-0860588

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

PETER M. MILLER

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

2555 MARATHON LANE

City

FORT LAUDERDALE FL

Zip Code

33312

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)

DATE

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPPSD  
MILLER, PETER M  
2555 MARATHON LANE  
FORT LAUDERDALE FL 33312☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPVT  
MILLER, HOLLY A  
2555 MARATHON LANE  
FORT LAUDERDALE FL 33312☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ 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:

PETER M. MILLER, PRESIDENT  
X Peter M. Miller

Date

Daytime Phone #

FILED  
May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90270 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

X 4-27-00 954-557-7271