

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**  
 04-09-2001 90037 013 \*\*\*150.00

**DOCUMENT # P98000079571**

1. Entity Name  
**J.A.M.S., INC.**

Principal Place of Business

**2311 ROGERS ROAD  
 LAKELAND FL 33813**

Mailing Address

**12311 E CORNELL AVE  
 #23  
 AURORA CO 80014-3323  
 US**

2. Principal Place of Business

3. Mailing Address

**C/O BFT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**P.O. Box 440860**

City & State

City & State  
**Aurora, CO**

4. FEI Number **59-3534573**

Applied For  
 Not Applicable

Zip

Country

Zip  
**80044-0860**

Country  
**USA**

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

**REHER, DEBORA C  
 2311 ROGERS ROAD  
 LAKELAND FL 33813**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERWOOD, JOHNNY H	
STREET ADDRESS	POST OFFICE BOX 1890 N/A	
CITY-ST-ZIP	FARMINGTON NM 87499	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FELLOWS, DOUGLAS E	
STREET ADDRESS	2103 E COUNTY RD 14	
CITY-ST-ZIP	LOVELAND CO 80537	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REHER, DEBORA C	
STREET ADDRESS	12311 E CORNELL AVE #23	
CITY-ST-ZIP	AURORA CO 80014-3323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reher, Debora C.	
STREET ADDRESS	P.O. Box 440860	
CITY-ST-ZIP	Aurora, CO 80014-0860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Debora C. Reher*

Debora C. Reher, Secretary

*4-5-01*

303-750-4930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)