

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004946

1. Entity Name

JAMES & JAMES FINANCIAL SERVICES, INC.

Principal Place of Business

6499 38TH AVE. N., STE. H2
ST. PETERSBURG FL 33710

Mailing Address

6499 38TH AVE. N., STE. H2
ST. PETERSBURG FL 33710

2. Principal Place of Business

9160 Oakhurst Rd., Ste 1

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 86024

Suite, Apt. #, etc.

City & State

Seminole, FL 33776

City & State

Madeira Beach, FL 33738

Zip

33776

Country

Zip

Country

4. FEI Number

59-3555434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPICER, JAMES E
16104 GULF BLVD.
REDINGTON BEACH FL 33709

7. Name and Address of New Registered Agent

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

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SPICER, JAMES E	
STREET ADDRESS	16104 GULF BLVD.	
CITY-ST-ZIP	REDINGTON BEACH FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPICER, SHIRLEY J	
STREET ADDRESS	16104 GULF BLVD.	
CITY-ST-ZIP	REDINGTON BEACH FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAZATA, JAMES	
STREET ADDRESS	16006 HAMPTON VILLAGE DR.	
CITY-ST-ZIP	TAMPA FL 33618	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE REQUIRED

10/13/00

727-593-1972

Date

Daytime Phone #

CR2E034 (5/00)