

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006949

1. Entity Name

JARAM, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90075 011 ***150.00

Principal Place of Business

9104 CYPRESS GREEN DRIVE
JACKSONVILLE FL 32256

Mailing Address

9104 CYPRESS GREEN DRIVE
JACKSONVILLE FL 32256-7779

2. Principal Place of Business

7660 PHILIPS HWY
Suite, Apt. #, etc.
1

3. Mailing Address

7660-1 PHILIPS HWY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number

59-3553618

Applied For

Not Applicable

Zip
32217

Country
USA

Zip
32217

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

FORBES, JOHN R ESQ.
9104 CYPRESS GREEN DRIVE
JACKSONVILLE FL 32256

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 \$150.00
After MAY 1, 2000 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
NAME PINKERTON, PATTI Z
STREET ADDRESS 7660-1 PHILLIPS HIGHWAY
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME POOR, DANIEL A
STREET ADDRESS 2000-1 HENDRICKS AVENUE, #194
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ Delete

TITLE VP
NAME JAMES W. PINKERTON
STREET ADDRESS 7660-1 PHILIPS HWY
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME CHARLENE LOURCEY
STREET ADDRESS 7660-1 PHILIPS HWY
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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:

Patti Z Pinkerton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00
Date

904 733 1103
Daytime Phone #

CR2E034 (9/99)