

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90960 012 ***158.75

DOCUMENT # 999000018690 ✓

1. Entity Name

JAM CARPENTRY OF BUNNELL, INC.

DO NOT WRITE IN THIS SPACE

80057138

2. Principal Place of Business

2503 OTIS STONE HUNTER RD.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1092
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BUNNELL, FLORIDA

City & State

BUNNELL, FLORIDA

4. FEI Number

593561238

Applied For

Not Applicable

Zip

32110

Country

USA

Zip

32110

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name JAMES D. MARQUIS

Street Address (P.O. Box Number is Not Acceptable)
2503 OTIS STONE HUNTER RD.

City BUNNELL

FL

Zip Code 32110

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-15-02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>P</u>	<u>JAMES D. MARQUIS</u>	<u>2503 OTIS STONE HUNTER RD.</u>				
		<u>BUNNELL, FL. 32110</u>					
	<u>S</u>	<u>TAMMIE S. MARQUIS</u>	<u>2503 OTIS STONE HUNTER RD.</u>				
		<u>BUNNELL, FL. 32110</u>					

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-02 386-437-1508
Date Daytime Phone #

CR2E034B (12/01)