P99000022103

	2002 UN	NIFORM	BUSINESS	REPORT	(UBR
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1. Entity Name

JAMHAR & ASSOCIATES, INC.

Principal Place of Business

2. Principal Place of Business

DOCUMENT #

C/O JAMES EDWARD HARRIS, JR.

4824 CYPRESS WOODS DR., #269 ORLANDO FL 32811

Mailing Address

C/O JAMES EDWARD HARRIS, JR. 4824 CYPRESS WOODS DR., #269

ORLANDO FL 32811



2. Principal	Place of Business	3. Mailing Address	_	_					
Suite Ant	JUSIANT TOOL		<u> </u>						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE			
City & Sta	te	City & State		4	FEI Number		pplied For		
السياسته		WINTER GARD			59-3575871	1-1-	ot Applicable		
Zip 247		2ip 34787	Country ムらり	5.	Certificate of Status Desired	\$8.75 Ad Fee Require			
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Register	red Agent			
			Name						
	GTON, LYNN C		Street A	ddress (P.O. I	Box Number is Not Acceptable)				
701 BRIC	KELL AVE.		Oli Cot ?	.0. 1) 660 10. 1	Box Number is Not Acceptable)				
MIAMI FL	. 33131								
	Λ	,	City			FL Zip Coo	ie .		
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registered ac	gent, or both, in the State of Florida.				
SIGNATURE Signature/typed or printed name of registered agent and the populable. (NOTE: Registered Agent signature required when reinstating) DATE DATE									
		// / / / / / / / / / / / / / / / / / /		· · · · · · · · · · · · · · · · · · ·	The state of the s				
9. This corpo	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!!	FEE IS \$150.	00	10. Election Campaign Financing	\$5 C	10 May Be		
	ria on back)	After May 1, 2002 Make Check Payable	to Departmen	t of State	Trust Fund Contribution.	☐ Added	to Fees		
11.	OFFICERS AND D	P .	12.		DDITIONS (OLIMANOSO TO OSSUESO				
TITLE	P	Delete	TITLE		DDITIONS/CHANGES TO OFFICERS				
NAME	HARRIS, JAMES E JR	Delete	NAME	MODULE P	TO LINE NORON IN	Change Ch	Addition		
STREET ADDRESS	4824 CYPRESS WOODS DR #269	t	STREET ADDRESS	Z/4 572	Edward Narrid Je				
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP	NILLTER			}		
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CITY-ST-ZIP			CITY-ST-ZIP						
13. I hereby co	ertify that the information supplied with th	is filing does not qualify for the	e exemption state	ed in Section 1	119 07(3)(i) Florida Statutes I further	artify that the in	formation		

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 of 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: