

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000022356**

1. Entity Name

JORMAC HOLDINGS CORP.**FILED**
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90071 050 ***150.00

0526205

Principal Place of Business

13100 56TH COURT, SUITE 702
CLEARWATER FL 33760-4021

Mailing Address

13100 56TH COURT, SUITE 702
CLEARWATER FL 33760-4021

2. Principal Place of Business

13130 56TH COURT

Suite, Apt. #, etc.

SUITE 604

City & State

CLEARWATER FL

Zip

33760-4018

Country

3. Mailing Address

13130 56TH COURT

Suite, Apt. #, etc.

SUITE 604

City & State

CLEARWATER FL

Zip

33760-4018

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3562704

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLTON FIELDS WARD EMMANUEL SMITH ET AL.
ATTN: PAUL C. DAVIS, ESQ., 1 HARBOUR PL
777 S HARBOUR ISLAND BLVD. SUITE 500
TAMPA FL 33602

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **JOURDENAIS, STEVEN M**
STREET ADDRESS **13100 56TH COURT, SUITE 702**
CITY-ST-ZIP **CLEARWATER FL 33760-4021**TITLE ☒ Change ☐ Addition
NAME **13130 56TH COURT, SUITE 604**
STREET ADDRESS **CLEARWATER FL 33760-4018**
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MCALLISTER, MICHAEL R**
STREET ADDRESS **13100 56TH COURT, SUITE 702**
CITY-ST-ZIP **CLEARWATER FL 33760-4021**TITLE ☒ Change ☐ Addition
NAME **13130 56TH COURT, SUITE 604**
STREET ADDRESS **CLEARWATER FL 33760-4018**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **MICHAEL R. MCALLISTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)