

## DOCUMENT # P99000022386

1. Entity Name  
JORMAC PRODUCTS, INC.Principal Place of Business  
13100 56 COURT STE 702  
CLEARWATER FL 33760-4021

Mailing Address

13100 56 COURT STE 702  
CLEARWATER FL 33760-4021

2. Principal Place of Business 13130 56 <sup>TH</sup> COURT Suite, Apt. #, etc. SUITE 604	3. Mailing Address 13130 56 <sup>TH</sup> COURT Suite, Apt. #, etc. SUITE 604
City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33760-4018	Country USA
	Zip 33760-4018
	Country USA

FILED  
Jan 08, 2001 8:00 am  
Secretary of State

01-08-2001 90010 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3562706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DAVIS, PAUL C  
C/O CARLTON WARD ET AL  
777 S HARBOR ISLAND BLVD  
TAMPA FL 33602

## 7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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

CR2E034 (10/00)

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOURDENAIS, STEVEN M 13100 56 COURT STE 702 CLEARWATER FL 33760-4021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOURDENAIS, STEVEN M 13130 56 <sup>TH</sup> COURT, SUITE 604 CLEARWATER, FL 33760-4018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALLISTER, MICHAEL R 13100 56 COURT STE 702 CLEARWATER FL 33760-4021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOURDENAIS, STEVEN M 13130 56 <sup>TH</sup> COURT, SUITE 604 CLEARWATER, FL 33760-4018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN M. JOURDENAIS 3JAN2001 (727)592-0308 x221

Date

Daytime Phone #