2000 UNIFORM BUSINESS REPORT (UBR)

5/23

FILED
Aug 02, 2000 8:00 am
Secretary of State
05-23-2000 90271 046 ***150.00

DOCUMENT # P99000037123

1. Entity Name

JAMOO, INC.

Principal Place of Business	Mailing Address
1610 CLARK ST CLEARWATER FL 33755	1610 CLARK ST CLEARWATER FL 33755-3711

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1610 CLARK ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: EIN 59-3571461 ☐ Applied For ☐ Not Applicable

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
ACCOUNTING & TAX HELP, INC. 8668 PARK BLVD, SUITE A SEMINOLE FL 33777	Name: Joe & Monica Higgins Street Address (P.O. Box Number Is Not Acceptable): 1610 Clark St City: Clw. FL. 33755 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
PRESIDENT MONICA HIGGINS 1610 CLARK ST CLEARWATER FL 33755		VICE PRESIDENT JOSEPH E. HIGGINS 1610 CLARK ST CLEARWATER FL 33755	
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: Joseph E. Higgins — April 30 - 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Monica Higgins — JUNE - 16 - 2000