2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045827 Jun 05, 2000 8:00 am 1. Entity Name **Secretary of State** JJAM ENTERPRISES, INC. 04-10-2000 90167 035 ***150.00 Principal Place of Business Mailing Address 4301 32ND ST. W. 4301 32ND ST. W. **BRADENTON FL 34205 BRADENTON FL 34205-2700** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEAK, PETER A ESQ. Street Address (P.O. Box Number is Not Acceptable) 2002 MANATEE AVE. W. **BRADENTON FL 34205** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE 430132nd Stw. HILL, JUDITH A NAME NAME **CR2E034** STREET ADDRESS 8413 13TH AVE N.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34209 ☐ Addition ☐ Detete TITLE TITLE HILL MARTIN D NAME NAME 8413 13TH AVE. N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Addition □ Delete TITLE HILL, JENNIFER A NAME NAME same as above 6212 40TH AVE. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Addition TITLE Delete HILL, ANDREW C NAME NAME 6212 40TH AVE. W. STREET ADDRESS STREET ADDRESS Same as about CITY-ST-ZIP BRADENTON FL 34209 CITY-ST-7IP ☐ Addition ☐ Delate TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cettify 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.