

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2001 8:00 am  
Secretary of State

01-18-2001 90011 014 \*\*\*150.00

DOCUMENT # P99000051926

1. Entity Name

JOMAC, INC.

Principal Place of Business

8613 OSPREY LANE  
JACKSONVILLE FL 32217

Mailing Address

8613 OSPREY LANE  
JACKSONVILLE FL 32217

00004038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6309 ELK TRAIL  
Suite, Apt. #, etc.

3. Mailing Address

6309 ELK TRAIL  
Suite, Apt. #, etc.

City & State

SALISBURY NC

City & State

SALISBURY NC

4. FEI Number

59-3580895

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACDONALD, JIM  
8613 OSPREY LANE  
JACKSONVILLE FL 32217

Address Change &  
NAME CORRECTION

7. Name and Address of New Registered Agent

Name

MC DONALD, JIM

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

1855 BARTRAM Circle W.

City

JACKSONVILLE

FL

Zip Code

32207

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

*Jim McDonald*  
Signature, typed or printed name of registered agent and title if applicable.

*Jim McDonald*  
(NOTE: Registered Agent signature required when reinstating)

*1/6/2001*  
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 State**

10. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, JIM	
STREET ADDRESS	8613 OSPREY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESS, JOANN	
STREET ADDRESS	8613 OSPREY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM MCDONALD	
STREET ADDRESS	1855 BARTRAM Circle W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANN HESS	
STREET ADDRESS	6309 ELK TRAIL	
CITY-ST-ZIP	SALISBURY NC 28147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jim McDonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jim McDonald*

*1/6/2001*  
Date

Daytime Phone #

0578489

CR2E034 (10/00)