

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060193

1. Entity Name

JAMSCO, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90120 026 ***150.00

Principal Place of Business

Mailing Address

2650 N.E. 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

2650 N.E. 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

2. Principal Place of Business

3. Mailing Address

3055 BURRIS RD

3055 BURRIS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#20

#20

City & State

City & State

DAVIE FL

DAVIE FL

Zip

Zip

33314

33314

Country

Country

4. FEI Number

Applied For

65-0921471

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

WILLIAMS, STEPHEN G
2650 N.E. 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

Name

CERNAZ, JOHN C

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

3055 BURRIS RD

#20

City

DAVIE

FL

Zip Code

33314

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, 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

DPST
CERNAZ, JOHN C
3055 BURRIS RD. #20
DAVIE FL 33314

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

[Signature] **REQUIRED** JOHN C CERNAZ **4/17/00** 954-797-7181

CR2E034 (9/99)