

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060193

1. Entity Name
JAMSCO, INC.

Principal Place of Business
-2650 N.E. 52ND STREET
LIGHHOUSE POINT FL 33064-7052

Mailing Address
-2650 N.E. 52ND STREET
LIGHHOUSE POINT FL 33064-7052

2. Principal Place of Business
5276 SW 35 ST

3. Mailing Address
5276 SW 35 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE FL

City & State
DAVIE FL

Zip 33314 Country USA

Zip 33314 Country USA

4. FEI Number
65-0921471

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERNAZ, JOHN C

3055 BURRIS ROAD #20

DAVIE FL 33314

Name CERNAZ, JOHN C.

Street Address (P.O. Box Number is Not Acceptable)
5276 SW 35 ST

City DAVIE

FL Zip Code 33314

7. Name and Address of New Registered Agent

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

John C. Cernaz, Pres.

2-21-02

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, 2002 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 DPST
NAME CERNAZ, JOHN C
STREET ADDRESS 3055 BURRIS RD. #20
CITY-ST-ZIP DAVIE FL 33314

Delete

TITLE DPST
NAME CERNAZ, JOHN C.
STREET ADDRESS 5276 SW 35 ST
CITY-ST-ZIP DAVIE FL 33314

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
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.

John C. Cernaz, Pres.

SIGNATURE:


CERNAZ, JOHN C. PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-02 (gray) 797 7181

CR2E034 (9/01)