

# 2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S69418

1. Entity Name

JOMAT INC.

Principal Place of Business

Mailing Address

11204 PARK BLVD  
SEMINOLE, FL  
38772

2. Principal Place of Business

3. Mailing Address

11204 PARK BLVD  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEMINOLE, FL

Zip

Country

Zip

Country

33772

U.S.A.

4. FEI Number

593078973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAN E. SCHROEDER  
15010 113 AVE N. #2  
LARGO, FL 33774

Name

MARK SCHROEDER

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

15010 113 AVE N. #2

City

LARGO

FL

Zip Code

33774

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

Mark Schroeder  
Signature, typed or printed name of registered agent and title if applicable.

MARK SCHROEDER, PRESIDENT 8-23-00  
(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 PRESIDENT  
NAME DEAN E. SCHROEDER  
STREET ADDRESS 15010 113TH AVE N. #2  
CITY-ST-ZIP LARGO, FL 33774

☒ Delete

TITLE PRESIDENT  
NAME MARK SCHROEDER  
STREET ADDRESS 15010 113 AVE N. #2  
CITY-ST-ZIP LARGO, FL 33774

☐ 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  
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☐ Change

☐ Addition

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☐ 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.

SIGNATURE:

Mark Schroeder  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SCHROEDER

8-23-00 2275959691  
Date Daytime Phone #

CR2E034 (9/99)

8-23-00 <sup>Page 282</sup>

TO WHOM IT MAY CONCERN,

ON JULY 5, 2000 MY FATHER, DEAN SCHROEDER, PASSED AWAY AFTER A LONG ILLNESS. I AM ATTEMPTING TO GET ALL OF HIS BUSINESS AFFAIRS BACK IN ORDER. I RECENTLY BECAME AWARE THAT HE DID NOT SEND IN THE UPR + \$150 FEE BY MAY 1, 2000. I AM SENDING IT NOW ALONG WITH A COPY OF THE DEATH CERTIFICATE. ALSO, PLEASE INSTATE ME, MARK SCHROEDER, AS PRESIDENT OF THE CORPORATION.

THANK YOU,

Mark Schroeder