

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90129 001 ***550.00

DOCUMENT # S91365

1. Entity Name
THE JAMISON GROUP, INC.

Principal Place of Business

**330 WAYMONT CT
 LAKE MARY FL
 US**

Mailing Address

**P O BOX 951422
 LAKE MARY FL 32795
 US**

2. Principal Place of Business

556 Teton St
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

4. FEI Number

59-3088735

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 -Fee Required**

6. Name and Address of Current Registered Agent

**JAMISON, MICHAEL
 556 TETON ST
 LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

8/1/02
 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 \$550.00
 After September-13, 2002 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **JAMISON, MICHAEL**
 STREET ADDRESS **556 TETON ST**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/02
 Date
407 330-4674
 Daytime Phone

CR2E034 (4/02)