

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90125 022 ***150.00

0008105 AV

DOCUMENT # P93000012723

1. Entity Name

JAMBAR, INC.



Principal Place of Business

1927 S 14TH ST
AMELIA ISLAND FL 32034
US

Mailing Address

1927 SO 14TH ST
AMELIA ISLAND FL 32034
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3183219

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8-75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GRAHAM, JAMES E
1927 SO 14TH ST
AMELIA ISLAND FL 32034

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	GRAHAM, BARBARA D
STREET ADDRESS	1927 S 14TH ST
CITY-ST-ZIP	AMELIA ISLAND FL 32034
TITLE	D <input type="checkbox"/> Delete
NAME	GRAHAM, JAMES E
STREET ADDRESS	1927 SO 14TH ST
CITY-ST-ZIP	AMELIA ISLAND FL 32034
TITLE	D <input type="checkbox"/> Delete
NAME	BLACK, BARBARA L
STREET ADDRESS	1927 SO 14TH ST
CITY-ST-ZIP	AMELIA ISLAND FL 32034
TITLE	D <input type="checkbox"/> Delete
NAME	BLACK, WILLIAM B
STREET ADDRESS	563 JUAN ANASCO
CITY-ST-ZIP	LONG BOAT KEY FL 34228
TITLE	D <input type="checkbox"/> Delete
NAME	GRAHAM, EMILY A
STREET ADDRESS	1927 SO 14TH ST
CITY-ST-ZIP	AMELIA ISLAND FL 32034
TITLE	<input type="checkbox"/> Delete
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 904-277-0608

Date

Daytime Phone #

CR2E034 (10/02)