

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90007 034 \*\*\*550.00

**DOCUMENT # 141870**

1. Entity Name

**JERRY'S, INC.**

Principal Place of Business

**1500 FLORIDA MANGO RD. SUITE 19  
P.O. BOX 24618  
WEST PALM BEACH FL 33416-1618**

Mailing Address

**1500 FLORIDA MANGO RD. SUITE 19  
P.O. BOX 24618  
WEST PALM BEACH FL 33416-1618**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-0196635**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI FL 33131**

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.

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 \$550.00  
After SEPTEMBER 13, 2000 Min. 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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PENDERGAST, GERARD J. JR</b>	
STREET ADDRESS	<b>1500 FLORIDA MANGO ROAD</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PENDERGAST, PAULA</b>	
STREET ADDRESS	<b>1500 FLORIDA MANGO ROAD</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PENDERGAST, LAURA</b>	
STREET ADDRESS	<b>1500 FLORIDA MANGO ROAD</b>	
CITY-ST-ZIP	<b>W.PALM BEACH FL</b>	

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>RHODES, KAREN P.</b>	
STREET ADDRESS	<b>1500 FLORIDA MANGO ROAD</b>	
CITY-ST-ZIP	<b>W.PALM BEACH FL</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

8-22-00

Date

561-683-2569

Daytime Phone #

CR2E034 (5/00)