

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0196635	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	PENDERGAST, GERARD J. JR	
STREET ADDRESS	1500 FLORIDA MANGO ROAD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PENDERGAST, PAULA	
STREET ADDRESS	1500 FLORIDA MANGO ROAD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENDERGAST, LAURA	
STREET ADDRESS	1500 FLORIDA MANGO ROAD	
CITY-ST-ZIP	W.PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RHODES, KAREN P.	
STREET ADDRESS	1500 FLORIDA MANGO ROAD	
CITY-ST-ZIP	W.PALM BEACH FL	
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		
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **8-22-00** **561-683-2569**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (5/00)