

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 220531

1. Entity Name
JERGER & SONS, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90027 050 ***150.00

Principal Place of Business

7785 66TH ST N
PO BOX 8080
PINELLAS PARK FL 33780-8080
US

Mailing Address

7785 66TH ST N
PO BOX 8080
PINELLAS PARK FL 33780-8080
US

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

59-0859732

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKLIDGE, RAYMOND M
7785 66TH ST NORTH
PINELLAS PARK FL 33781

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 \$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	VD	<input checked="" type="checkbox"/> Delete
NAME	JERGER, THOMAS J	
STREET ADDRESS	10305 61ST CT NORTH	
CITY-ST-ZIP	PINELLAS PK FL 34666	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JERGER, DEAN W.	
STREET ADDRESS	7949 9TH AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MEYER, BRUCE	
STREET ADDRESS	506 BROOKTREE CT	
CITY-ST-ZIP	LUTZ FL 33548	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BLACKLIDGE, RAYMOND	
STREET ADDRESS	28810 FALLING LEAVES WAY	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CENTONZI, JODI	
STREET ADDRESS	2027 WARWICK DR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. Daniel Eldridge	
STREET ADDRESS	10481 Cromwell Grove Terrace	
CITY-ST-ZIP	Orlando, FL 32827	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James J. Maquire, Jr.	
STREET ADDRESS	215 Dreshertown Road	
CITY-ST-ZIP	Et. Washington, PA 19034	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig P. Keller	
STREET ADDRESS	29 Woodcroft Road	
CITY-ST-ZIP	Haverton, PA 19083	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND M. BLACKLIDGE, DAS SECRETARY

4-24-00

Date

121-540-8914

Daytime Phone #