

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 311264

1. Entity Name

JEROME NAGELBUSH, INC.



Principal Place of Business

ONE FINANCIAL PLAZA
100 SE 3RD AVE, STE 1400
FORT LAUDERDALE FL 33394

Mailing Address

ONE FINANCIAL PLAZA
100 SE 3RD AVE, STE 1400
FORT LAUDERDALE FL 33394



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-1154732

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MANKUTA, DAVID B
ONE FINANCIAL PLAZA
100 SE 3RD AVENUE, SUITE 1400
FORT LAUDERDALE FL 33394

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PDS	<input type="checkbox"/> Delete
NAME	NAGELBUSH, JEROME	
STREET ADDRESS	140 GREENS ROAD	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NAGELBUSH, LARRY	
STREET ADDRESS	2012 HARDING STREET	
CITY- ST- ZIP	HOLLYWOOD FL 33020	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MANKUTA, AMY	
STREET ADDRESS	2012 HARDING STREET	
CITY- ST- ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY- ST- ZIP		

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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000939665
05/28/08-80035-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jerome Nagelbush
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/08
Date

954-981-7883
Daytime Phone #