

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90128 016 \*\*\*150.00

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

<b>DOCUMENT # 442401</b> 1. Entry Name <b>JERRY'S OF OKALOOSA COUNTY, INC.</b>					
Principal Place of Business 1500 N. FLORIDA MANGO RD., #19 P.O. BOX 24618 WEST PALM BEACH, FL 33416-1618			Mailing Address 1500 N. FLORIDA MANGO RD., #19 P.O. BOX 24618 WEST PALM BEACH, FL 33416-1618		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1580155</b>	
Zip		Country		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1600 MIAMI CTR MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entry 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 _____ (NOTE: Registered Agent's signature required when returning) 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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENDERGAST, GERARD, JR. 1500 FLORIDA MANGO ROAD W PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDERGAST, LAURA 1500 FLORIDA MANGO ROAD W. PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RHODES, KAREN P. 1500 FLORIDA MANGO ROAD W. PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PENDERGAST, PAULA 1500 FLORIDA MANGO ROAD W. PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

90133985



CR2E034 (1/02)

Attachment #

90133985  
442401

May 9, 2003

State Of Florida:

The post office sent this back to Jerry's Caterer's because it did not have enough Postage.

The check was mailed on April 24<sup>th</sup>, 2003. Can you please waive the Penalty as we did mail this in time but due to .37 cents it was sent back. I didn't receive the return until May 9, 2003.

Thank you,

Patricia Vitello

Patricia Vitello

