

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE:
AND
FILED

02 APR 29 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0014552
AT

DOCUMENT # A32310

1. Entity Name
JELLY BREAD, LTD.

Principal Place of Business
**1860 MARINA CIRCLE
FT. MYERS FL 33903**

Mailing Address
**P.O. BOX 1503
N. FT. MYERS FL 33902**



2. Principal Place of Business
2248 First St

3. Mailing Address
Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
City & State

Zip
33901

Country
USA

Zip
Country

DUE BY MAY 1, 2002

4. FEI Number
65-0296294

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BURGES, M. J., JR.
1860 MARINA CIRCLE
NORTH FT. MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2248 First St

City **Fort Myers** FL Zip **33901**

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 *MJ Burges* DATE _____

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$73,625.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BURGES, M. J., JR. 1860 MARINA CIRCLE N. FT. MYERS FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	2248 First St
CITY-ST-ZIP	Fort Myers, FL 33901
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	186005449531--1
CITY-ST-ZIP	-05/03/02--01038--028
STREET ADDRESS	***526.25 ***526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *MJ Burges*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (9/01)