

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002188

1. Entity Name
JIREHCOM, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90095 018 ***150.00

Principal Place of Business

Mailing Address

2383 CENTENNIAL DRIVE
WASHINGTON IL 61571

2383 CENTENNIAL DRIVE
WASHINGTON IL 61571

2. Principal Place of Business

3. Mailing Address

3880 N. Main Street

3880 N. Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

East Peoria, IL

City & State

East Peoria, IL

Zip

61611

Country

USA

Zip

61611

Country

USA

4. FEI Number 37-1392111

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

BLANTON, EDWIN F
825 THOMASVILLE RD
TALLAHASSEE FL 32303

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, 2001 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 PD
NAME HARRIS, RUSSELL L
STREET ADDRESS 2383 CENTENNIAL DRIVE
CITY-ST-ZIP WASHINGTON IL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3880 N. Main Street
CITY-ST-ZIP East Peoria, IL 61611

TITLE STD
NAME TAYLOR, RUSSELL B
STREET ADDRESS 2383 CENTENNIAL DRIVE
CITY-ST-ZIP WASHINGTON IL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3880 N. Main Street
CITY-ST-ZIP East Peoria, IL 61611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Russell L Harris

Russell Harris

4-9-01

(309) 694-4590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)