

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90056 036 ***150.00

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

DOCUMENT # **F000000002188**

1. Entity Name

JirehCom, Inc.
3880 N Main St
East Peoria IL 61611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3880 N Main St

3. Mailing Address
3880 N Main St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
East Peoria IL

City & State
East Peoria IL

4. FEI Number
37-139211

Applied For
Not Applicable

Zip Country
61611 U.S.A.

Zip Country
61611 U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Edwin Blanton
Street Address (P.O. Box Number is Not Acceptable)
825 Thomasville Road

City
Tallahassee FL Zip Code
32303

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director
Russell L. Harris
3880 N Main St
East Peoria IL 61611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer/Director
Russell B. Taylor
3880 N Main St
East Peoria IL 61611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Russell L. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell L. Harris

Date

Daytime Phone #

4-15-02

309-694-4590

CR2E034B (12/01)