2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F9900003423 **DOCUMENT #**

1. Entity Name

JUPITER PROPERTY HOLDINGS, INC.



Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90188 049 ***150.00

					SOO WE TO				
Principal Place of Business % COLETTE K. MEYER. P.A. 1070 E. INDIANTOWN ROAD - SUITE 312 JUPITER FL 33477			Mailing Address % COLETTE K. MEYER. P.A. 1070 E. INDIANTOWN ROAD - SUITE 312 JUPITER FL 33477						
2. Principal Place of Business			3. Mailing Address					EINI 60100 NINI 01015	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4.	FEI Number 52-2176988	·	pplied For ot Applicable
Zip	Country		Zip Country		ntry	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	
1	6. Name	and Address of Current F	legistered Agent			7.	Name and Address of New Register	ed Agent	
					Name				
MEYER, COLETTE K ESQUIRE					Traine				
MEYER, C	JULETTE K I	ESQUIKE			Street Addr	es (PA	Box Number is Not Acceptable)		
1070 E. II	NDIANTOWN	ROAD - SUITE 312		Street Address (r.O. box Number is Not Acceptable)		
JUPITER FL 33477									
					City .		-	Zip Cod	
8. The above	named entity	submits this statement for	the purpose of changing its	registere	ed office or req	istered a	gent, or both, in the State of Florida. I	am familiar with.	and accept
the obligat	ions of registe	ered agent.		•	•				
SIGNATURE SCATTE LEW 120 03									
	Signature, typed o	r printed name of registered across a	a pplication of the property o	Sec sière	d Agent signature re	quired when	reinstating) DA	E	
-			V						
FILE NOW!!! FEE IS \$150.00							9. Election Campaign Financing	\$5.0	May Be
		3 Fee will be \$550.00					Trust Fund Contribution.		t to Fees
Make Check	Payable to	Florida Department of	State				mast rana contribution.	- Adde	10,663
10. OFFICERS AND I			DIRECTORS	11.		Δ	DDITIONS/CHANGES TO OFFICERS	ND DIRECTOR	S INI 11
	DCC	011102110711102		+	_		BBITTO NO / OF PANALS TO OF TICE 113 /		
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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 ap-

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete ·

☐ Change

■ Addition