2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Apr 30, 2003 8:00 am Secretary of State		
DOCU 1. Entity Nam JETMORE		72		94-30-2003 90094 005 ***158.75		
Principal Place of Business 4737 N.W. 67TH AVENUE 4737 N.W. 67TH AVENUE LAUDERHILL FL 33319 LAUDERHILL FL 33319			:			
2. Principal P	Place of Business	3. Mailing Address		3 (887) 814 (888) 1811 81811 81811 81811 81811 81811 81811 81811 81811 81811 81811	[00]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0346631 Applied F		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
CARTER	IEDOV.	Land of the State	Name			
CARTER, JERRY 4737 NW 67TH AVE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	IILL FL 33319					
_ ,			City	FL Zip Code		
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and acc	cept	
	tions of registered agent.	or the purpose of changing ha	rrogiatorea omeo or region	ord agont, or both, in the state of Horiza. Tain terminal that, and as	00p.	
SIGNATURE:	Signs typed or printer name of registered agen	Type title it explicable (NOT	E: Registered Agent signature require	March 17, 2003 ed when reinstating) DATE	-	
<i>4</i> =	ILE NOW!!! FEE IS \$150,00	(140)	c. negistated Agent signature require	ed when reinstallig)		
After	r May, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee		
	Payable to Florida Department of					
TITLE	OFFICERS AND	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ddition	
NAME	CARTER, JERRY	22 25000	NAME	2		
STREET ADDRESS CITY-ST-ZIP	4737 NW 67TH AVE LAUDERHILL FL		STREET ADDRESS CITY-ST-ZIP			
TITLE	VS	Delete	TITLE	☐ Change ☐ Ac	ddition	
NAME	CARTER, ELLA	<u> </u>	NAME			
STREET ADDRESS	4737 NW 67TH AVE		STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	LAUDERHILL FL:	☐ Delete	TITLE	☐ Change ☐ Ad	dition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		Ì	
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name Street address			NAME STREET ADDRESS			
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TITLE	1	☐ Delete	TITLE	☐ Change ☐ Ad	Idition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP	,		CITY-ST-ZIP			
indicated of the cor.	pertify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address.	is true and accurate and that r powered to execute this report	my signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or directly, Florida Statutes; and that my name appears in Block 10 or Block	ion otor 11 if	

SIGNATURE:

March 17, 2003

954-921-7050

Daytime Phone #