

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90172 011 \*\*\*150.00

DOCUMENT # **L78795**



1. Entity Name  
**JERRY KLANG AND ASSOCIATES, INC.**

Principal Place of Business  
**11326 WILES ROAD  
CORAL SPRINGS FL 33076**

Mailing Address  
**11326 WILES ROAD  
CORAL SPRINGS FL 33076**



2. Principal Place of Business

**11326 Wiles Rd.**  
Suite, Apt. #, etc.

3. Mailing Address

**11326 Wiles Rd.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Coral Springs, FL.**  
Zip  
**33076**  
Country  
**USA**

City & State  
**Coral Springs, FL.**  
Zip  
**33076**  
Country  
**USA**

4. FEI Number  
**65-0214766**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KLANG, JERALD  
11326 WILES ROAD  
CORAL SPRINGS FL 33076**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KLANG, JERALD</b> <b>11326 WILES ROAD</b> <b>CORAL SPRINGS FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KLANG, JAY</b> <b>11326 WILES RD. 11326</b> <b>CORAL SPRINGS FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-7-03** Daytime Phone # **341-8546**

CR2E034 (10/02)