

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90035 002 \*\*\*\*61.25

**DOCUMENT # N97000004383**

1. Entity Name

**JUPITER NOSERIDERS, INC.**

Principal Place of Business

Mailing Address

**JUPITER SQUARE SHOPPING CENTER**  
**103 US HWY 1, STE. F-5, #150**  
**JUPITER FL 33477**

**JUPITER SQUARE SHOPPING CENTER**  
**103 US HWY 1, STE. F-5, #150**  
**JUPITER FL 33477**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0786009**

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

**KEETON, WILLIAM**  
**JUPITER SQUARE SHOPPING CENTER**  
**103 US HWY 1, STE. F-5, #150**  
**JUPITER FL 33477**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, BILL 103 US1, STE F-5, #150 JUPITER FL 33477	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEETON, BILL 103 US1, STE F-5, #150 JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, DAN 103 US1, STE F-5, #150 JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHERTY, JIM 103 US1, STE F-5, #150 JUPITER FL 33477	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOE FERLUSON 103 US1 STE F-5 JUPITER FL 33477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARE DOHERTY 103 US Hwy 1 Suite F-5, PMB 150 Jupiter, FL 33477-5121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATHY ANDERSON 103 US Hwy 1 Suite F-5, PMB 150 Jupiter, FL 33477-5121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM McDOW 103 US Hwy 1 Suite F-5, PMB 150 Jupiter, FL 33477-5121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG OGZALY 103 US Hwy 1 Suite F-5, PMB 150 Jupiter, FL 33477-5121	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATHY	<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 617, 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:

*William Keeton* President 4/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)