

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012466

1. Entity Name

JERRY'S G'S, INC.

Principal Place of Business

21218 ST. ANDREWS BLVD.,PMB 309  
BOCA RATON FL 33433

Mailing Address

21218 ST. ANDREWS BLVD.,PMB 309  
BOCA RATON FL 33433

2. Principal Place of Business

JERRY G'S

3. Mailing Address

SAME

Suite, Apt. #, etc.

2001 N. FEDERAL HWY.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLA

City & State

Zip

33483

Country

USA

Zip

Country

4. FEI Number

65-0988323

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

GOLDMAN, JERRY  
21218 ST. ANDREWS BLVD.,PMB 309  
BOCA RATON FL 33433

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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 PRESIDENT  
JERRY GOLDMAN  
STREET ADDRESS 1337 ESTRELLA CT  
CITY- ST- ZIP BOCA RATON FLA 33433 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01

561-944-3509

Date

Daytime Phone #

4

FILED  
May 19, 2001 8:00 am  
Secretary of State

04-11-2001 90084 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)