2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000030347**

1. Entity Name
JERANN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6300 MIDNIGHT PASS ROAD #1211	6300 MIDNIGHT PASS ROAD #1211
SARASOTA FL	SARASOTA FL
34242	34242

2. Principal Place of Business	3. Mailing Address
8858 MISTY CREEK DRIVE	8858 MISTY CREEK DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34241 Country: US	Zip: 34241 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1017089** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH CHARLES R.F.
6300 MIDNIGHT PASS ROAD #1211
SARASOTA FL
34242 US

7. Name and Address of New Registered Agent

Name: SMITH CHARLES RMR.
Street Address (P.O. Box Number is Not Acceptable): 8858 MISTY CREEK DRIVE
City: SARASOTA **FL** Zip Code: 34241

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 **CHARLES R SMITH** 04/27/2001
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	SEC SMITH ANN SMRS. 8858 MISTY CREEK DRIVE SARASOTA FL 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	PRES SMITH CHARLES RMR. 8858 MISTY CREEK DRIVE SARASOTA FL 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Charles R Smith Pres 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #