

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

0021972 AV

**DOCUMENT # P00000031186**

1. Entity Name

**KERR VENTURES, INC.**

03-19-2002 90036 006 \*\*\*150.00

Principal Place of Business

**1050 S. EDGEWOOD AVE.  
 JACKSONVILLE FL 32205**

Mailing Address

**1050 S. EDGEWOOD AVE.  
 JACKSONVILLE FL 32205**



2. Principal Place of Business

**3657 ST. JOHNS AV.**

3. Mailing Address

**3657 ST. JOHNS AV.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

4. FEI Number

**59-3637534**

Applied For

Not Applicable

Zip

**32205**

Country

Zip

**32205**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KERR, JEROME P  
 6836 SENECA AVE  
 JACKSONVILLE FL 32210**

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.

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, 2002 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 **P** ☐ Delete  
 NAME **KERR, JEROME A**  
 STREET ADDRESS **1050 S. EDGEWOOD AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **VP** ☐ Delete  
 NAME **KERR, MARY F**  
 STREET ADDRESS **1050 S. EDGEWOOD AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **S** ☐ Delete  
 NAME **KERR, ROBERT J JR**  
 STREET ADDRESS **1050 S. EDGEWOOD AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3657 ST. JOHNS AV.**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3657 ST. JOHNS AV.**  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 NAME  
 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: Robert J. Kerr, Jr. Sec. Robert J. Kerr, Jr. 3/2/2002 (904) 384-9981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)