

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90012 014 ***150.00

DOCUMENT # P00000032762

1. Entity Name
JOBERLY, INC.

Principal Place of Business
3034 W. NEW HAVEN
WEST MELBOURNE FL 32904

Mailing Address
3034 W. NEW HAVEN
WEST MELBOURNE FL 32904



2. Principal Place of Business

3. Mailing Address

3004 W New Haven Ave 3004 W New Haven Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Melbourne

City & State
West Melbourne

4. FEI Number 59-3635401

Applied For
Not Applicable

Zip **FL** **Country** **32904 USA**

Zip **FL** **Country** **32904 USA**

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

JOHNSON, WILLIAM A
6550 N. WICKHAM RD., STE. SIX
MELBOURNE FL 32940

Name **Kimberly Lewis**
Street Address (P.O. Box Number is Not Acceptable) **5540 River Oaks Drive**
City **Titusville** **FL** **Zip Code** **32780**

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 **Kimberly Lewis**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08/30/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ **Delete**
NAME **LEWIS, KIMBERLY K**
STREET ADDRESS **5540 RIVER OAKS DR.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

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

TITLE ☐ **Change** ☐ **Addition**
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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: **Kimberly Lewis**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/02 321-223-6999
 Date Daytime Phone #

CR2E034 (4/02)

Attachment 871487

Joberly Inc.
DBA Sign Pro
3004 W New Haven Ave
West Melbourne, FL 32904
321-723-6999
321-723-6090 FAX

P00000032762

August 30, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report

To Whom it May Concern,

Enclosed you will find my completed 2002 UBR Report for Joberly Inc., DBA Sign Pro as well as my check for \$150.00. I am writing this letter to inform you that the corporation never received the first notice from your office for the filing of this form. Please make sure our address is correct in your system, as 3004 W New Haven Ave, West Melbourne, FL 32904. If you require any additional information, please do not hesitate to contact me.

Sincerely



Kimberly Lewis
President
Joberly, Inc.