

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91209 015 ***158.75

DOCUMENT # *P00000059147*

1. Entity Name

Exotic Jerky, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3604 S. Ocean Blvd.

3. Mailing Address

3604 S. Ocean Blvd.

Suite, Apt. #, etc.

#107

Suite, Apt. #, etc.

#107

City & State

Highland Bch. FL

City & State

Highland Bch. FL

Zip

33487

Country

U.S.A

Zip

33487

Country

U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1018820

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

George Wilson

Street Address (P.O. Box Number is Not Acceptable)

3604 S. Ocean Blvd. #107

City

Highland Bch.

FL

Zip Code

33487

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY - ST - ZIP
*P
George Wilson
3604 S. Ocean Blvd #107
Highland Bch. FL 33487*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Ray Ruiz
404 N.W. 13th Street
Delray Bch., FL 33444*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

George Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02

Date

561-213-7515

Daytime Phone #

CR2E034B (12/01)