2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000080904

1. Entity Name

JESTERMORENO, INC.



FILED Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90144 033 ***150.00

	·		To we to			
Principal Place of Business 4410 RANCHWOOD LANE TAMPA FL 33624		Mailing Address 4410 RANCHWOOD LANE TAMPA FL 33624				
				I ARRIGON DA DAKA BARKA BAKA BAKA BAKA BAKA		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3674786	Applied For Not Applicable	
Zip	Country	Zip	Country	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	
MORENO, ALICIA C			Name	Name		
4410 RA	NCHWOOD LANE		Street Addres	ss (P.O. Box Number is Not Acceptable)		
· TAMPA F	L 33624					
O The stee of			City	FL	Zip Code	
the obligation	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am f	amiliar with, and accept	
SIGNATURE	• •					
	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered Agent signature requ	uired when reinstating) DATE		
Afte	ILE NOW!!! ,FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, ALICIA 4410 RANCH WOOD LANE TAMPA FL 33624-1731	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
TITLE	77.00 77 12 00024-1701	Delete	CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		C Viete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
CITY-ST-ZIP	ertify that the information supplied with	his filing does not qualify for	CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes, I further certif	y that the information	

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/3/0

813-968-8J8Z