## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P00000084937 **DOCUMENT #**

1. Entity Name

JERRY HUBSCHMAN, INC.



Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90206 002 \*\*\*150.00

			_	<del></del>	
Principal Place of Business Mailing Address 1411 EAST SANDPIPER CIRCLE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026				CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
		<u> </u>	Name		
NOFIL & NOFIL, P.A. 7777777777777777777777777777777777				t Address (P.O. Box Number is Not Acceptable)	
	ALE LAKES FL 33319				
÷.			City	FL Zip Code	
Afte	Signature, typed or printed name of registered agent of the second of th	ii e	TE: Registered Agent signa	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD HUBSCHMAN, JERRY 1411 EAST SANDPIPER CIRCLE PEMBROKE PINES FL 33026	☐ 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	

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

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

Addition