

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90234 008 ***150.00

DOCUMENT # P01000006012

1. Entity Name
JERRY G. SHERER P.A.

Principal Place of Business

**1823 SE 6TH TERR
 CAPE CORAL FL 33990**

Mailing Address

**1823 SE 6TH TERR
 CAPE CORAL FL 33990**

DULL1030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4510 N.W. 27th St.

3. Mailing Address

4510 N.W. 27th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

05-1070355

Applied For

Not Applicable

Zip

Country

33993

Zip

Country

33993

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHERER, JERRY G
 1823 SE 6TH TERR
 CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name

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

4510 N.W. 27th St.

City

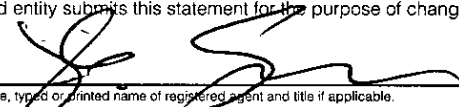
Cape Coral

FL

Zip Code

33993

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

4.30.02

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 **PVST** ☐ Delete
 NAME **SHERER, JERRY G**
 STREET ADDRESS **1823 SE 6TH TERR**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 **4510 N.W. 27th St.**
 CITY-ST-ZIP **Cape Coral, FL 33993**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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:  SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4.30.02

CR2E034 (9/01)