

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-15-2002 90093 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # FD10000011824 ✓1. Entity Name ISLAND JERK INC.

DO NOT WRITE IN THIS SPACE

36974

2. Principal Place of Business
1006 W.S.R 434Suite, Apt. #, etc. —3. Mailing Address
1006 W.S.R 434Suite, Apt. #, etc. —City & State LONGWOODCity & State LONGWOOD
FLORIDA4. FEI Number 59-3694154Applied For
Not ApplicableZip 32750 Country U.S.AZip 32750 Country U.S.A5. Certificate of Status Desired ☐ \$8.75 Additional Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CALVIN ALLISONStreet Address (P.O. Box Number is Not Acceptable)
736 SUNCREST Loop APT 204City CASSELBERRY FL Zip Code 32707

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 re-stating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VICE PRESIDENT
NAME DAVE LEWIN
STREET ADDRESS 4061 Bellemade Ct
CITY-ST-ZIP CASSELBERRY FL 32707TITLE DIRECTOR
NAME BASIL McLEOD
STREET ADDRESS 3617 S. STURGE DR.
CITY-ST-ZIP CASSELBERRY FL 32707TITLE PRESIDENT
NAME CALVIN ALLISON
STREET ADDRESS 736 SUNCREST Loop APT 204
CITY-ST-ZIP CASSELBERRY FL 32707TITLE
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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 on an attachment with an address, with all other fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BASIL McLEOD4/23/2002 407-260-1111

Date

Daytime Phone #

CR2E034B (12/01)