

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90211 001 ***158.75

DOCUMENT # P01000025491

1. Entity Name
THE JEWELRY JESTER, INC.

Principal Place of Business

~~12405 4 N MAIN ST~~
JACKSONVILLE FL 32218

Mailing Address

~~12405 4 N MAIN ST~~
JACKSONVILLE FL 32218

2. Principal Place of Business

41 BAIRDEN Rd.

3. Mailing Address

41 BAIRDEN Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Same

City & State

Same

Zip

Country

Zip

Country

4. FEI Number

59-3701632

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NIPPER, JAMES L
200 W FORSYTH ST, STE C6
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Jesse S Alford*

3/19/02

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)

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 Delete
 NAME **PVD ALFORD, JESSE S**
 STREET ADDRESS **11334 INEZ DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE Delete
 NAME ~~**STB MOORE, KELLI M**~~
 STREET ADDRESS ~~**11334 INEZ DR**~~
 CITY-ST-ZIP ~~**JACKSONVILLE FL 32218**~~

TITLE Delete
 NAME
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 CITY-ST-ZIP

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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **STD AMANDA B. HALL**
 STREET ADDRESS **1915 FAYE Rd.**
 CITY-ST-ZIP **JACK. FL. 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Jesse S Alford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/01)