2002 UNIFORM BUSINESS REPORT (UBR)

P01000039399 DOCUMENT # 1. Entity Name JRBD MANAGEMENT CO., INC. Principal Place of Business Mailing Address 10297 SANDY RUN 10297 SANDY RUN JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address

FILED Aug 11, 2002 8:00 am Secretary of State 08-11-2002 90164 031 ***550.00

Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	El Number 7/5/		\rightarrow	Applied For	
Zip	Country Zip		Country	Country		Certificate of Status Desired		8.75 A	dditional	
6. Namı	e and Address of Current Re	gistered Agent			7. N	lame and Address of New Re	gistered A	gent		
HARDING, GEORGE E 1645 PALM BEACH LAKES BLVD. SUITE 1200			L	Name Street Address (P.O. Box Number is Not Acceptable)						
the obligations of regis	ty submits this statement for the	ne purpose of changing its re		Office or re	gistered ag	ent, or both, in the State of Flor	FL ida. I am fa	Zip Co amiliar with		
SIGNATURESignature, typed	d or printed name of registered agent and	title if applicable. (NOTE: F	Registered A	cent signature r	equired when re	instating)	DATE			
	gible to satisfy its Intangible and elects to do so.	FILE NOW!!! After September 13, 2 Make Check Payable	FEE IS	\$550.00 e will be \$	750.00	Election Campaign Fina Trust Fund Contribution.		\$5. Adde	00 May Be ed to Fees	
11.	OFFICERS AND DI	RECTORS	12.			DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			ADDRESS 10	reside Icharo ID97 Tupitei			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ADDRESS -ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A		ੇ ਹੋਵਾਜ਼ ਜ਼			☐ Change	_ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	- 1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-				1	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET A CITY-ST-	I		P 100 100 100 100 100 100 100 100 100 10	ı	☐ Change	Addition	
of the corporation or the	ort or supplemental report is tru he receiver or trustee empowe achment with an address, with	ue and accurate and that my ered to execute this report as	signature required	shall have I by Chapte	the same le r 607, Floric	19.07(3)(i), Florida Statutes, I f egal effect as if made under oa la Statutes; and that my name	th; that I an appears in	an office Block 11 (er or director or Block 12 if	