

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90340 017 ***150.00

DOCUMENT # **P01000043367**



1. Entity Name
JEFF EARLE COMMUNICATIONS, INC.

Principal Place of Business
~~1200 VALLEYBROOK RD. S.E.~~
~~PALM BAY FL 32909~~

Mailing Address
11571 PAWLEY AVE.
BONITA SPRINGS FL 34135



2. Principal Place of Business
1450 RAILROAD AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#30

CHECK HERE IF MAKING CHANGES

City & State
MALABAR FL

City & State

4. FEI Number **59-3709019**

Applied For

Not Applicable

Zip
32950

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EARLE, CHARLES J
~~1200 VALLEYBROOK RD. S.E.~~
~~PALM BAY FL 32909~~

Name

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

11571 PAWLEY AVENUE

City **BONITA SPRINGS FL** Zip Code **34135**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles Earle*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **EARLE, CHARLES J**
STREET ADDRESS ~~1200 VALLEYBROOK RD. S.E.~~
CITY-ST-ZIP ~~PALM BAY FL 32909~~

TITLE Change Addition
NAME
STREET ADDRESS **11571 PAWLEY AVENUE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Charles Earle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/03 (239) 2814523
Date Daytime Phone #

CR2E034 (10/02)