

02/2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -5 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDADOCUMENT # P01000046423

1. Entity Name

J.D.R. Therapies Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

643 Executive Center DR

3. Mailing Address

Suite, Apt. #, etc.

#Q-103

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

W.P.B. FL

City &amp; State

4. FEI Number

13-4237657

Applied For

Not Applicable

Zip

33401

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Maria Kiesling

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

493 N Congress Ave#206

City

Boynton Beach

FL

Zip Code

33426

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

Maria Kiesling

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4-24-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<u>P</u>
NAME	<u>Jeffrey Rogers</u>
STREET ADDRESS	<u>643 Executive center</u>
CITY- ST- ZIP	<u>W.P.B. FL 33401</u>

TITLE	
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NAME	<u>900018938429</u>
STREET ADDRESS	<u>05/14/03--01039--001 **150.00</u>
CITY- ST- ZIP	

TITLE	
NAME	<u>900018938429</u>
STREET ADDRESS	<u>05/14/03--01039--002 **150.00</u>
CITY- ST- ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey D Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-03

Date

Daytime Phone #

CR2E034B (12/02)

91 sld

attachment

March 20, 2003

Division of Corporation  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Fl 32302-1500

Re: **J.D.R. THERAPIES INC.**

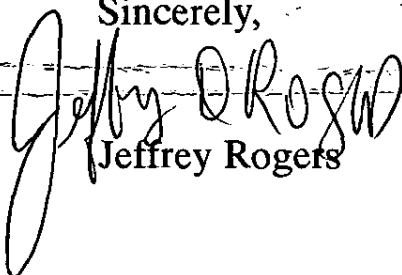
~~To Whom It May Concern:~~

Please except my 2002 & 2003 Uniform Business Report document # **P01000046423** along with an enclosed check made out to the Department of State in the amount of \$150.00 dollars for each year.

Sorry for the inconvenience, I never received the original copy.

If there are any problems please call me at **561-640-0077**.

Sincerely,

  
Jeffrey Rogers