

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90103 047 ***150.00

DOCUMENT # P01000058439

1. Entity Name
JERRON: CORP.

Principal Place of Business
2420 NORTHEAST 202 STREET
NORTH MIAMI BEACH FL 33180

Mailing Address
2420 NORTHEAST 202 STREET
NORTH MIAMI BEACH FL 33180



2. Principal Place of Business **11216 CLOVER LEAF CIRCLE**
 Suite, Apt. #, etc.

3. Mailing Address **11216 CLOVER LEAF CIRCLE**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **BOCA RATON FL**
 Zip **33428** Country

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 Zip **33428** Country

4. FEI Number ☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DAVID, ROGER
2420 NORTHEAST 202 STREET
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent
 Name **DAVID, ROGER**
 Street Address (P.O. Box Number is Not Acceptable)
11216 CLOVER LEAF CIRCLE
 City **BOCA RATON FL** Zip Code **33428**

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 *Roger David* **1/24/02**
 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 - ☐ **\$5.00** May Be Added to Fees
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D DAVID, ROGER 2420 NORTHEAST 202 STREET NORTH MIAMI BEACH FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DAVID, ROGER 11216 CLOVER LEAF CIRCLE BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger David* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 **564-483-0808**
 Date Daytime Phone #

CR2E034 (9/01)