

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90066 049 \*\*\*150.00

**DOCUMENT # P01000076240**

1. Entity Name

**JUPITER FINANCIAL SERVICES CORP.**



Principal Place of Business

**169 TEQUESTA DRIVE  
SUITE 21E  
TEQUESTA FL 33469**

Mailing Address

**169 TEQUESTA DRIVE  
SUITE 21E  
TEQUESTA FL 33469**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **03-0395451**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARROYO, ELYSE C  
470 TEQUESTA DR.  
TEQUESTA FL 33469**

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

SIGNATURE

*Elyse Arroyo*

Signature, typed or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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	PD	<input type="checkbox"/> Delete
NAME	ARROYO, LETICIA	
STREET ADDRESS	470 TEQUESTA DR.	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARROYO, LEO	
STREET ADDRESS	470 TEQUESTA DR.	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARROYO, ELYSE C	
STREET ADDRESS	470 TEQUESTA DR.	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARROYO, VANESSA	
STREET ADDRESS	470 TEQUESTA DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARROYO, JESSICA	
STREET ADDRESS	470 TEQUESTA DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARROYO LETICIA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD, VPres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/03

561-575-0271

CR2E034 (4/03)

Attachment

80134702  
PO1000076240

# JUPITER FINANCIAL SERVICE CORP.

169 Tequesta Drive  
Suite 21 E  
Jupiter, FL 33469  
Phone number 561-575-0277  
Fax number 561-575-0552

Send to DIVISION OF CORPORATION	From: LETTY
Attention	Date: 07/25/03
Office Location:	Office Location: Florida
Fax Number	Phone Number: 561-575-0552

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please review
- ☐ For your information

Total pages, including cover:

**Comments:**

Hi!  
Per our conversation we had moved therefore I didn't receive. Please grant me an exception to pay 150.00 for renewal.

Thanks,

Letty