

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000077441
 1. Entity Name Amendment
The Jerk Master, Inc.

FILED

02 JUL 18 AM 11:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
The JERK MASTER INC
 Suite, Apt. #, etc. A 16
 City & State West Palm Beach FL
 Zip 33409 Country Palm Beach

3. Mailing Address
4201 Westgate Ave.
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1130295 Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name Neville Mitchell
 Street Address (P.O. Box Number is Not Acceptable)
4201 Westgate Ave. A-16
 City West Palm Beach FL Zip Code 33409

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>JENNIFER HARVEY</u> <u>4201 WESTGATE AVE. A16</u> <u>WEST PALM BEACH FL 33409</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>NEVILLE MITCHELL</u> <u>4201 WESTGATE AVE. A16</u> <u>WEST PALM BEACH FL 33409</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>VERNA BINE</u> <u>5803 BURNINGDALE CIR. W</u> <u>WEST PALM BEACH FL 33407</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>000007675330-0</u> <u>-09/12/02-01008-019</u> <u>*****62.00 *****62.00</u>
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE Jennifer R. Harvey 7/18/2002 561-6865040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)