

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90059 025 \*\*\*150.00

032,368 AN

**DOCUMENT # P01000077948**

1. Entity Name

**JRE ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**1425 S. ANDREWS AVE.  
 SUITE 175  
 FT. LAUDERDALE FL 33316**

**1425 S. ANDREWS AVE.  
 SUITE 175  
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

**6206 N. FEDERAL HIGHWAY**

**6206 N. FEDERAL HIGHWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FT LAUDERDALE FL**

**FT. LAUDERDALE FL**

Zip

Country

Zip

Country

**33308**

**USA**

**33308**

**USA**

4. FEI Number

Applied For

**65-1127574**

Not Applicable

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

**FINANCIAL FOUNDATIONS, INC.  
 3150 SANDY RIDGE DRIVE  
 CLEARWATER FL 33761**

Name

**MELISSA EVERATT**

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

**6206 N. FEDERAL HIGHWAY**

City

**FORT LAUDERDALE**

**FL**

Zip Code

**33308**

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

*Melissa Everatt*

**3/6/02**

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 Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P EVERATT, MELISSA 1425 S. ANDREWS AVE. FT. LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6206 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33308</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>JOHN RANDALL EVERATT 6206 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33308</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Melissa Everatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/02**

Date

**954/229-3222**

Daytime Phone #

CR2E034 (9/01)