

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90941 017 ***150.00

0443401 AV

DOCUMENT # P01000087977
1. Entity Name
DEOLLJERGER INC.

Principal Place of Business 2059 IOWA AVENUE N.E. SAINT PETERSBURG FL 33703	Mailing Address 2059 IOWA AVENUE N.E. SAINT PETERSBURG FL 33703
--	--



2. Principal Place of Business 7301 74th St. N. Suite, Apt. #, etc. Pinellas Park, FL	3. Mailing Address 7301 74th St. N. Suite, Apt. #, etc.
---	--

DO NOT WRITE IN THIS SPACE

City & State Pinellas Park, FL	City & State Pinellas Park, FL	4. FEI Number 59-3744921	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33781	Country USA	Zip 33781	Country USA

6. Name and Address of Current Registered Agent DEOLIVEIRA, GWENDOLYN R 2059 IOWA AVENUE N.E. SAINT PETERSBURG FL 33703	7. Name and Address of New Registered Agent 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.

SIGNATURE _____
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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DEOLIVEIRA, JOSEPH M STREET ADDRESS 2059 IOWA AVENUE N.E. CITY-ST-ZIP SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME JERGER, WILLIAM A STREET ADDRESS 1301 15TH STREET NORTH CITY-ST-ZIP SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DEOLIVEIRA, GWENDOLYN R STREET ADDRESS 2059 IOWA AVENUE N.E. CITY-ST-ZIP SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME JERGER, LAUREL S STREET ADDRESS 1301 15TH STREET N. CITY-ST-ZIP SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Laurel S. Jerger, Treasurer **03/25/02** **727-546-3581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)