

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

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90004 012 \*\*\*150.00

**DOCUMENT #** P01000119571

**1. Entity Name**

JERIANNE J. MARONE, INC.

**DO NOT WRITE IN THIS SPACE**

427789

**2. Principal Place of Business**

4929 ATLANTIC BLVD.

**3. Mailing Address**

4929 ATLANTIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

JACKSONVILLE, FL 32207

**City & State**

JACKSONVILLE, FL 32207

**4. FEI Number**

30-0007538

**Applied For**

Not Applicable

**Zip**

32207

**Country**

USA

**Zip**

32207

**Country**

USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

JERIANNE J. MARONE

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

4929 ATLANTIC BLVD.

**City**

JACKSONVILLE

**FL**

**Zip Code**  
32207

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Jerianne J. Marone* *Jerianne J. Marone*

*3/8/02*

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)

**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**

**DIRECTOR**

JERIANNE J. MARONE

4929 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP**

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Jerianne J. Marone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/8/02* *904 396-9802*

Date

Daytime Phone #

CR2E034B (12/01)

Attachment  
not # P01000119571  
427789

MARCH 8, 2002

RE: JERIANNE J. MARONE, INC.  
4929 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207  
30-0007538 FEDERAL ID NUMBER  
DOCUMENT # P01000119571

TO WHOM IT MAY CONCERN:

THE ORIGINAL REGISTERED AGENT FOR THE ABOVE CORPORATION WAS

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

AS YOU CAN SEE FROM THE UNIFORM BUSINESS REPORT THE NEW REGISTERED AGENT IS

JERIANNE J. MARONE  
4929 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER. SHOULD YOU HAVE ANY QUESTIONS  
PLEASE CONTACT ME AT (904) 396-9802.

SINCERELY,

  
JERIANNE J. MARONE