

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90944 038 ***150.00

DOCUMENT # P02000032993

1. Entity Name

SHEILA N JAL, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HOME OFFICE

Suite, Apt. #, etc.

3. Mailing Address

2451 NW WINDERMERE DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JENSEN BEACH FLA

City & State

SAME

4. FEI Number

75-303-7239

Applied For

Not Applicable

Zip

34957

Country

MARTIN

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SHEILA TYRRELL

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

2451 NW WINDERMERE DR

City

JENSEN BEACH

FL

Zip Code

34957

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

SIGNATURE

SHEILA D. TYRRELL

SHEILA D. TYRRELL

4/11/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT V.P. JOHN TYRRELL
SHEILA TYRRELL
2451 NW WINDERMERE DR
JENSEN BEACH FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SHEILA D. TYRRELL

SHEILA D. TYRRELL

4/11/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)