

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90137 001 \*\*\*150.00

**DOCUMENT # P02000048688**

1. Entity Name  
**LE JARDIN FRANCAIS, INC.**



Principal Place of Business  
**240 N WASHINGTON BLVD STE 314  
SARASOTA FL 34236**

Mailing Address  
**240 N WASHINGTON BLVD STE 314  
SARASOTA FL 34236**

**22000200**



2. Principal Place of Business  
**1900 Municipal Lane**

3. Mailing Address  
**1900 Municipal Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MELBOURNE FL.**

City & State  
**MELBOURNE FL.**

4. FEI Number  
**03-0445215**

Applied For  
Not Applicable

Zip Country  
**32901 USA**

Zip Country  
**32901 USA**

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**

**DEMONT, JEAN-FRANCOIS**  
**240 N WASHINGTON BLVD STE 314**  
**SARASOTA FL 34236**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☒ Delete  
NAME **DEMONT, JEAN-FRANCOIS**  
STREET ADDRESS **240 N WASHINGTON BLVD STE 314**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☒ Delete  
NAME **BALTUS, MARIE-FRANCE**  
STREET ADDRESS **240 N WASHINGTON BLVD STE 314**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **DEMONT, Jean-Francois**  
STREET ADDRESS **1900 Municipal Lane**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **DE MONT, Marie-France**  
STREET ADDRESS **1900 Municipal Lane**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DEMONT**

**01.29.03 (321)837 00 28**

Date

Daytime Phone #

CR2E034 (10/02)