**DOCUMENT #** 

Principal Place of Business

PINELLAS PARK FL 33781

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

JEROME, WILLIAM D

PINELLAS PARK FL 33781

the obligations of registered agent.

4609 72 AVE N

JEROME DISTRIBUTORS INC.

Country

6. Name and Address of Current Registered Agent

1. Entity Name

4609 72 AVE N

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000055428

Mailing Address

4609 72 AVE N

3. Mailing Address

City & State

Suite, Apt. #, etc.

PINELLAS PARK FL 33781

## 1/1:

## FILED Feb 14, 2003 8:00 am Secretary of State

01-13-2003 90706 043 \*\*\*150.00

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THECK HERE IF MAKING CHANGES Applied For 4. FFI Number 36-4497410 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

Zip Code

CR2E034 f10/02

639-3514

dans 10

SIGNATURE . DATE (NQTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Ba 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition ☐ Delete TITLE TITLE NAME Jerome.:William D NAME STREET ADDRESS 4609 72 AVE N STREET ADDRESS CITY-ST-7IP PINELLAS PARK FL 33781 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE JEROME, DERRICK W NAME NAME STREET ADDRESS 4608 72 AVE N STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

**REQUIR** 

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Country

Name

City

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