

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90312 046 ***150.00

DOCUMENT # P02000057930

1. Entity Name
JESSICA L. GULBRAND, INC.



Principal Place of Business

1670 LAKEFIELD N CT
WELLINGTON FL 33414

Mailing Address

1670 LAKEFIELD N CT
WELLINGTON FL 33414

2. Principal Place of Business

1670 Lakefield N CT
Suite, Apt. #, etc.

3. Mailing Address

1670 Lakefield N CT
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Wellington FL

City & State

Wellington FL

4. FEI Number

61-1415400

Applied For

Not Applicable

Zip

33414

Country

U.S.

Zip

33414

Country

U.S.

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

GULBRAND, JESSICA L
1670 LAKEFIELD N CT
WELLINGTON FL 33414

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 **President** ☐ Delete
NAME **Jessica Gulbrand**
STREET ADDRESS **1670 Lakefield N CT**
CITY-ST-ZIP **Wellington FL 33414**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4/25/03

561-632-6364

CR2E034 (10/02)