

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90256 013 ***150.00

DOCUMENT # P02000064425

1. Entity Name

JESSICA OTTING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
85 JOYCE STREET

3. Mailing Address
85 JOYCE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SAFETY HARBOR, FL

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SAFETY HARBOR, FL

4. FEI Number
03-0464638

Applied For
Not Applicable

Zip 34695 Country USA

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JESSICA OTTING

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

85 JOYCE STREET

City SAFETY HARBOR FL Zip Code 34695

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

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 JESSICA OTTING 85 JOYCE STREET SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President JESSICA OTTING 85 JOYCE ST, SAFETY HARBOR, FL 34695
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IN THIS SPACE**

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

SIGNATURE: *Jessica Otting*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

Daytime Phone #

CR2E034B (12/02)