

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90132 024 ***150.00

DOCUMENT # P02000098803

1. Entity Name

JERRAM PAINTING, INC.



Principal Place of Business
**18265 ACKERMAN AVENUE
PORT CHARLOTTE FL 33948**

Mailing Address
**18265 ACKERMAN AVENUE
PORT CHARLOTTE FL 33948**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0113196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JERRAM, STEPHEN
18265 ACKERMAN AVENUE
PORT CHARLOTTE FL 33948**

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	D	<input type="checkbox"/> Delete
NAME	JERRAM, STEPHEN	
STREET ADDRESS	18265 ACKERMAN AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, KEITH	
STREET ADDRESS	1738 SAINT GIRONIS DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	Copley, Robert	
STREET ADDRESS	4063 GINGOLD St.	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	Copley, Meale	
STREET ADDRESS	4063 GINGOLD St.	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

STEPHEN JERRAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)