2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000111974 **DOCUMENT #**

1. Entity Name

JERRY'S BC							
Principal Place o 13502 WAINWRIG PORT CHARLOTTI	HT DR	Mailing Address 13502 WAINWRIGHT PORT CHARLOTTE F	= :				
2. Principal Place	e of Business	3. Mailing Address					
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
	6. Name and Address of Cu	Irrent Registered Agent					
			Name				

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

01-27-2003 90132 036 ***150.00

Principal Place of Business 13502 WAINWRIGHT DR PORT CHARLOTTE FL 33953				Mailing Address 13502 WAINWRIGHT DR PORT CHARLOTTE FL 33953								
2. Principal Place of Business			3. Mai	3. Mailing Address				(0) 0)4 0 361		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. F	4. FEI Number Applied For Not Applicable				
Zip		Country	Zip Coul			try	5. C	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. N	lame and Address of New I	Registered A	gent		
BAUM, GERALD 13502 WAINWRIGHT DR PORT CHARLOTTE FL 33953						Name Street Address (P.O. Box Number is Not Acceptable)						
PURI CHA	AHLOITE F	L 33953						· Weiner	•	T 7: 0 -		
			-	••		City			FL	Zip Cod	le	
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 ager	and title if app	olicable. (NOTE	Registered	d Agent signature ri	equired when rei	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fi Trust Fund Contribution			May Be		
10.		OFFICERS AND	DIRECTO	RS	11.		ADI	DITIONS/CHANGES TO OF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME Street address City-St-Zip		rald Inwright dr Arlotte FL 33953		☐ Delete				•		☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip	i			☐ Delete	4					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□-Delete						Change	Addition	
TITLE VAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1	10.			Change	Addition	

12. 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.

SIGNATURE: