2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

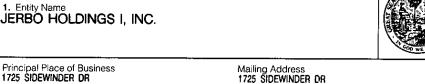
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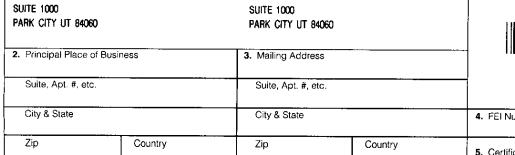


FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90213 044 ***150.00

JERBO HOLDINGS I, IN	1C.	





☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-3617004	 Applied For	
	 Not Applicat	ole
5. Certificate of Status Desired	\$8.75 Additional	

Fee Required

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address	of New Registered Ag	ent
Name	·	
•		
Street Address (P.O. Box Number is Not A	(cceptable)	
,	,,	
City		Zio Codo
Oity	FL	Zip Code

8.	The above named entity submits this sta	tement for the purpose of c	changing its registered office	or registered agent, or both,	in the State of Florida.	am fam	niliar with, an	d accept
	the obligations of registered agent.	•						

SGNATURE

Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State				00 May Be d to Fees			
10. ~ OFFICERS AND DIRECTORS			11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REINSDORF, JERRY M. 1725 SIDEWINDER DR., SUITE 1000 PARK CITY UT 84060	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JUDELSON, ROBERT A. 1725 SIDEWINDER DR., SUITE 1000 PARK CITY UT 84060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PENNER, GERALD M. 525 WEST MONROE ST.#1600 CHICAGO IL 60661	☐ Delete .	TITLE . NAME STREET ADDRESS CITY-ST-ZIP	_ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHANESS, LARRY 1725 SIDEWINDER DR., SUITE 1000 PARK CITY UT 84060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS O'BRIEN, JAMES 1725 SIDEWINDEN DR. SUITE 1000 PARK CITY UT 84060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change	☐ Addition			

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition