

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057307

1. Entity Name

JERBSON, INC.

Principal Place of Business

2100 LEE ROAD
SUITE A
WINTER PARK FL 32789
US

Mailing Address

2100 LEE RD
SUITE A
WINTER PARK FL 32789-1862
US

2. Principal Place of Business

3. Mailing Address

500 N. MAITLAND AVE

500 N. MAITLAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 308

SUITE 308

City & State

City & State

MAITLAND, FL

MAITLAND, FL

Zip

Zip

32751

Country

USA

32751

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMSON, ROBERT J
2100 LEE RD
STE A
WINTER PARK FL 32789

Name

ROBERT J. GAMSON

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

500 N. MAITLAND AVE, SUITE 308

City

MAITLAND

FL

Zip Code
32751

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.

SIGNATURE

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

Robert J. GAMSON, PRESIDENT

DATE

3/14/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMSON, ROBERT J 111 SAND PINE LN LONGWOOD FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 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

Robert J. Gamson, PRES

Date

3/14/00

Daytime Phone #

407-257-6835

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90047 045 ***150.00

00001000



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3201698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required