2000 UNIFORM BUSINESS REPORT (UBR) DÖCUMENT # P94000029361 1. Entity Name JERRY, INC. (LEE COUNTY) Principal Place of Business Mailing Address

FILED Mar 27, 2000 8:00 am Secretary of State

03-27-2000 90093 038 ***150.00

| P.O. BOX 425 LEHIGH ACRES FL 33970 US | | | SUITE 101 FORT MYERS FL 33907-3650 | | | | (1 82 14 8 1) | 18 (B)() 8(B)() BD()() 88(| 14 8.8 111 8.8 41 8 1 | :0:0 | | |
|---|------------------|--|--|---|--|---|---|----------------------------|--|-------------------|-------------|--|
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | DO NOT WE | ITE IN THIS | SPACE | | |
| City & State | e | | City & State | | | 4. | FEI Numbe | ^r 65-04911 | 6 | | polied For | |
| Zip | | Country | Zip Country | | | 5. (| 5. Certificate of Status Desired S8.75 Additional | | | | | |
| | C Name | and Address of Current R | - intered Agent | | | 7. Name and Address of New Registered Agent | | | | | | |
| | o. Name | and Address or Current A | egistered Agent | | Name | 7. 1 | taille aliu | · · | registeret | | | |
| POVOTONI PORERT D ID | | | | | | | | | | | | |
| royston, robert D Jr. 12670 New Brittany BLVD. Suite 101 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | | | | | | | | |
| FORT MYERS FL 33907 | | | | | City | | | | F | FL Zip Code | | |
| 8. The above | named entity | y submits this statement for | the purpose of changing it | s register | ed office or regi | stered ag | ent, or both | n, in the State of F | lorida. | | | |
| SIGNATURE . | Signature, typed | or printed name of registered agent an | d title if applicable. (NO | TE. Registere | ed Agent signature req | juired when re | einstating) | | DATE | | | |
| | | ible to satisfy its Intangible | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 | | | 1 | ction Campaign F | _ | | 00 May Be | |
| Tax filling requirement and elects to do so. (See criteria on back) | | | Make Check Payable to Department of Si | | | | Trus | st Fund Contributi | gn. | L Adde | d to Fees | |
| 11. | | I IRECTORS | 12. | | AC | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | |
| TITLE | PT | 0/1/02/10/11/02 | ☐ Delete | TITL | E T | | | | _ | ☐ Change | ☐ Addition | |
| NAME | | Ler, Lotte | | NAN | 1E | | | | | | | |
| STREET ADDRESS | 237 JOEL | | | STR | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | LEHIGH A | CRES FL 33972 | | CITY | (-ST-ZIP | | | | | | | |
| TITLE | VPS | | ☐ Delete | TITL | E | | | | | Change | ☐ Addition | |
| NAME | | zmeier, Willibald | | NAN | 1E | | | | | | İ | |
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| CITY-ST-ZIP | LEHIGH A | CRES FL 33972 | | CIT | /-ST-ZIP | | | | _ | | | |
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| STREET ADDRESS | | | | | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | CITY | /-ST-ZIP | | | | | | | |
| 13. I hereby o | certify that the | e information supplied with t | his filing does not qualify for | or the exe | emption stated in | Section | 119.07(3)(i |), Florida Statutes | . I further c | ertify that the i | information | |
| استُسفه مساله بعن | a a abia rana. | rt or aupplomantal rapart is t | run and coourate and that | mucologo | tura chall hava t | ha como | local offect | t ac if mada unda | oath that | l am an officer | or director | |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under out it hat a first 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.

Schinger Billiary Scowarshelett SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR