

FOR PROFIT CORPORATION  
UNIFORM-BUSINESS-REPORT-(UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90350 018 \*\*\*150.00

DOCUMENT # P94000039731

1. Entity Name

JESSE JAY INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6877 SW 18TH STREET

3. Mailing Address

6877 SW 18TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

4. FEI Number  
65-0494192

Applied For  
Not Applicable

Zip  
33433

Country

Zip  
33433

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
BARBARA WEILL

Street Address (P.O. Box Number is Not Acceptable)  
6185 NW 76TH MANOR

City  
PARKLAND

FL Zip Code  
33067

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

*BARBARA WEILL - PRES*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRES  
BARBARA WEILL  
6185 76TH MANOR  
PARKLAND, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barbara Weill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #