

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90233 024 ***150.00

DOCUMENT # P94000039731

1. Entity Name

JESSE JAY INC.

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10104077

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2. Principal Place of Business
6877 SW 18TH STREET
Suite, Apt. #, etc.

3. Mailing Address
6877 SW 18TH STREET
Suite, Apt. #, etc.

4. FEI Number
65-0494192

Applied For
Not Applicable

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

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

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IN THIS SPACE**

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* *BARBARA WEILL* *4-29-03*
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 PRES
NAME BARBARA WEILL
STREET ADDRESS 6185 76TH MANOR
CITY - ST - ZIP PARKLAND, FL 33067

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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* *BARBARA WEILL* *4/29/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)