9/17/2002-90101-032-$550.00-$550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057494

1. Entity Name
Jerenda Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3713 Lake Emma Rd.	6355 Markham Woods Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary Fl	City & State: Lake Mary Fl
Zip: 32746 Country: US	Zip: 3274 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 593256644 ☐ Applied For ☐ Not Applicable

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: Brenda E. Adams

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

6355 Markham Woods Rd

City: Lake Mary FL Zip Code: 32746

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. (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 Brenda E Adams Pres STREET ADDRESS 6355 Markham Woods Rd CITY-ST-ZIP Lake Mary Fl 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V. Pres NAME Brenda E. Adams Vice STREET ADDRESS 6355 Markham Woods Rd Pres CITY-ST-ZIP Lake Mary, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Sec. NAME Brenda E. Adams Sec, STREET ADDRESS 6355 Markham Woods Rd. CITY-ST-ZIP Lake Mary, Fl 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Treas. NAME Brenda E. Adams Treas. STREET ADDRESS 6355 Markham Woods Rd, CITY-ST-ZIP Lake Mary Fl 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Brenda E Adams 9-13-02 407-333-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 10/10/02