

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90004 013 ***558.75

DOCUMENT # P94000071143

1. Entity Name
JEROME MARON & ASSOCIATES, INC.

Principal Place of Business
925 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082
US

Mailing Address
925 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business
860 Sawgrass Village
 Suite, Apt. #, etc.

3. Mailing Address
860 Sawgrass Village
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra Beach, FL 32082
 Zip **32082** Country **USA**

City & State
Ponte Vedra Beach FL
 Zip **32082** Country **USA**

4. FEI Number **59-3273494**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARON, VIRGINIA L
148 COASTAL OAK CIR
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	MARON, JEROME	
STREET ADDRESS	148 COASTAL OAK CIR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARON, VIRGINIA L	
STREET ADDRESS	148 COASTAL OAK CIRCLE	
CITY-ST-ZIP	PORTE VEDRA BEACH FL 32082	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARON, JEREMY J	
STREET ADDRESS	148 COASTAL OAK CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	MARON, MOLLY C	
STREET ADDRESS	148 COASTAL OAK CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REMOVED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/02 904 285 3649
 Date Daytime Phone #

CR2E034 (4/02)