

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90214 006 ***150.00

DOCUMENT # P95000022904

1. Entity Name
SUE A. JENNINGS INC.

Principal Place of Business

**1147 HILLSBORO MILE
 #303
 HILLSBORO BEACH FL 33062**

Mailing Address

**1147 HILLSBORO MILE
 #303
 HILLSBORO BEACH FL 33062**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0566125**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENNINGS, SUE A
 5711 GOLDEN EAGLE CIRCLE
 PALM BEACH GARDENS FL 33418**

Name **Sue A Jennings**
 Street Address (P.O. Box Number is Not Acceptable)
1147 Hillsboro mile
303
 City **Hillsboro Bch** FL Zip Code **33062**

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 **Sue A Jennings** **Sue A Jennings** **1/15/02**
 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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P JENNINGS, SUE A**
 STREET ADDRESS **5711 GOLDEN EAGLE CIR.**
 CITY-ST-ZIP **PALM BCH. GARDENS FL 33418**

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **SUE A JENNINGS**
~~5711 GOLDEN EAGLE CIR~~ **1147 Hillsboro mile**
~~PALM BCH. GARDENS FL 33418~~ **# 303**
Hillsboro Bch FL 33062

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sue A Jennings President **1/15/02** **954 7256889**
 Date Daytime Phone

CR2E034 (9/01)