


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92204 017 ***158.75

DOCUMENT # P95000036231	
1. Entity Name Frere Jacques, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2400 No. Haverhill Rd. Suite, Apt. #, etc.	3. Mailing Address 2313 Ridgewood Circle Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State Royal Palm Beach, FL
Zip 33417	Country USA
Zip 33411	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0594787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Zeugin, Pamela A.	
	Street Address (P.O. Box Number is Not Acceptable) 2313 Ridgewood Circle	
	City Royal Palm Beach	FL Zip Code 33411

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Zeugin, Pamela A 2313 Ridgewood Circle Royal Palm Beach, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Zeugin, Jean-Pierre 2313 Ridgewood Circle Royal Palm Beach, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

(561) 514-1887

CR2E034B (12/02)