

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90093 034 \*\*\*158.75

**DOCUMENT # P95000082816**

1. Entity Name  
**J. R. SAVER, INC.**

Principal Place of Business  
**9940 ROBINS NEST ROAD**  
**BOCA RATON FL 33496**

Mailing Address  
**9940 ROBINS NEST ROAD**  
**BOCA RATON FL 33496**

80133065



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

**65-0862867**

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

**SAVER, JEROME R**  
**9940 ROBINS NEST ROAD**  
**BOCA RATON FL 33496**

## 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 Jerome R. Saver

Jerome R. Saver

7/26/02

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 \$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**  
NAME  
**SAVER, JEROME R**  
STREET ADDRESS  
**9940 ROBINS NEST ROAD**  
CITY-ST-ZIP  
**BOCA RATON FL 33496**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Jerome R. Saver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/02

DATE

561-852-9836

TELEPHONE NUMBER

CR2E034 (4/02)

Attachment

JR SAVER INC.

9940 Robins Nest Road  
Boca Raton, Florida 33496

#P95000082816

*"The Money Specialist"*

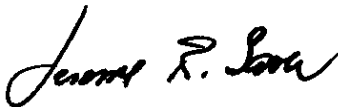
July 29, 2002

Attention Ms. Christian B.  
Florida Department of State  
Division of Corporations  
Tallahassee Florida 32314

Reference: Filing Form May 1, 2002

This is a request to waive the additional fee associated for filing with the department of state for JR Saver, Inc. Our company has always filed on time and the May application was never received. So to our surprise the request for additional funds shocked us. Our past filings have always been paid on time so as per our conversation we are sending in \$150.00 and \$8.75 for a hard copy to keep our corporate filing up to date.

Thank you for your kind attention,



JR Saver, Inc.  
Jerome R. Saver  
President

*"We Help Companies Help Themselves"*  
JR Saver, Inc.

(561)852-9836

Fax (561)852-1915

E Mail -

[jsaver@bellsouth.net](mailto:jsaver@bellsouth.net)