2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME

OF SIGNING OFFICER OR DIRECTOR

Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P9600024830 JERRY'S OF SANFORD, INC. 03-05-2001 90299 041 ***150.00 Mailing Address Principal Place of Business 1500 FLORIDA MANGO ROAD 1500 FLORIDA MANGO ROAD SUITE 19 SUITE 19 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0765617 Not Applicable \$8,75 Additional Zip Country Zìp Country 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI FL 33131 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITI F ☐ Delete TITLE PENDERGAST, GERARD J JR NAME NAME 1500 FLORIDA MANGO ROAD, SUITE 19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Addition ☐ Change TITLE Delete TITLE PENDERGAST, LAURA L NAME NAME 1500 FLORIDA MANGO ROAD, SUITE 19 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Addition ☐ Change TITLE ☐ Delete TITLE RHODES, KAREN P NAME NAME 1500 FLORIDA MANGO ROAD, SUITE 19 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIT) F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 if 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.

FILED

Pendergast Jr 561-683-2569
Date Dayline Phone *