

FILED
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Secretary of State

04-28-2003 91513 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P96000080624
1. Entity Name
JERRIS FLORIDA PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7373 S.W. 115 COURT
Suite, Apt. #, etc.

3. Mailing Address
7373 S.W. 115 COURT
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33173

Country

City & State
MIAMI FL
Zip
33173

Country

4. FEI Number
65-0703328

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
Name
ASH, HY
Street Address (P.O. Box Number is Not Acceptable)
7373 S.W. 115 COURT

City
MIAMI

Zip Code
FL 33173

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
4/29/03

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

D
JERRIS, CLAYTON
42650 NINE MILE ROAD
NOVI, MI 48375

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JERRIS, REBECCA
42650 NINE MILE ROAD
NOVI, MI 48375

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
Date
Daytime Phone #

55048386

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)