2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000019553** May 16, 2000 8:00 am 1. Entity Name Secretary of State JERCOR, INC. 05-16-2000 90787 014 ***150.00 Mailing Address Principal Place of Business 1819 60TH ST. S. 1819 60TH ST. S. ST. PETERSBURG FL 33707-4033 ST. PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3432970 Not Applicable \$8.75 Additional Country ~ Zip ـ حجيد حجيد عالم 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CALLUS, JAMES B Street Address (P.O. Box Number is Not Acceptable) 1819 60TH ST. S. ST. PETERSBURG FL 33707 Zip Code City FĹ 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. PROFINA (9/99) ☐ Change ☐ Addition DPVT ☐ Delete TITLE NAME CALLUS, JAMES B NAME STREET ADDRESS STREET ADDRESS 1819 60TH ST. S. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33707 ☐ Change ☐ Addition ☐ Delete TITLE TITLE CALLUS JAMES B NAME MARIE STREET ADDRESS STREET ADDRESS 1819 60TH ST. S. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33707 Change ☐ Addition TITLE ☐ Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP thoughts partify that the information supplied with this filling does no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information