

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060070

1. Entity Name

JERSEY & JERSEY, INC.

Principal Place of Business

1300 S. DIXIE HWY W.  
POMPANO BEACH FL 33060

Mailing Address

3231 N.E. 15 STREET  
POMPANO BEACH FL 33061

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7451 SE CR 337

Suite, Apt. #, etc.

City & State

Morrison, FL

Zip

32668

Country

USA

4. FEI Number 65-0775709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLSON, CHRIS  
3205 SURF RD. APT 701  
HOLLYWOOD FL 33019

Name Chris Carlson  
Street Address (P.O. Box Number is Not Acceptable)  
7451 SE CR 337

City Morrison FL Zip Code 32668

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)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	P	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, CHRIS	
STREET ADDRESS	3205 SURF RD. #701	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RASZKI, MICHAEL	
STREET ADDRESS	1301 S. DIXIE HWY E.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHRIS Carlson	
STREET ADDRESS	7451 SE CR 337	
CITY-ST-ZIP	Morrison, FL. 32668	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RASZKA, michael	
STREET ADDRESS	3231 N.E. 15th St.	
CITY-ST-ZIP	Pompano Beach FL. 33061	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Carlson president

4/25/01

Date

(352) 489-2328

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90121 048 \*\*\*150.00