

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083445

1. Entity Name

JARD CORPORATION

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90098 039 ***150.00

Principal Place of Business

784 US HWY 1
SUITE 16
NORTH PALM BEACH FL 33408
US

Mailing Address

784 US HWY 1
SUITE 16
NORTH PALM BEACH FL 33408
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, ANDREW H
784 US HWY 1
SUITE 16
NORTH PALM BEACH FL 33408

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.

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	D	<input type="checkbox"/> Delete
NAME	MYERS, ANDREW H	
STREET ADDRESS	183 SOUTH HAMPTON DR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, LORI B	
STREET ADDRESS	183 SOUTH HAMPTON DR	
CITY-ST-ZIP	JUPITER FL 33458	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, ANDREW H	
STREET ADDRESS	784 US HWY 1, SUITE 16	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	D, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, LORI B	
STREET ADDRESS	784 US HWY 1, SUITE 16	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Andrew H Myers, President

Date

4/25/01

Daytime Phone #

561-775-0303

CR2E034 (10/00)