

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083494

1. Entity Name
Jerjo, Inc.

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90406 042 ***150.00

Principal Place of Business
3535 NW 59th Street
Boca Raton, FL 33496

Mailing Address
3535 NW 59th Street
Boca Raton, FL 33496

2. Principal Place of Business
Suito, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
3535 Windsor Place
Suito, Apt. # etc.
City & State
Boca Raton, Florida
Zip
33496
Country
US

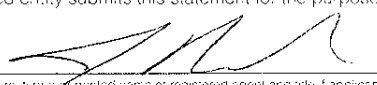
4. FFI Number
65-0774581
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Jodi L. Rich
3535 Windsor Place
Boca Raton, Florida 33496

7. Name and Address of New Registered Agent
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  DATE 4-16-01

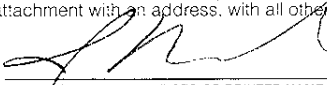
Signature, type, or printed name of registered agent and date of approval. (NOTE: New signed Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	Jerome L. Rich	PD ☐ Delete	TITLE		☐ Change ☐ Addition
NAME	3535 Windsor Place		NAME		
STREET ADDRESS	Boca Raton, FL 33496		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	Jodi L. Rich	VSTD ☐ Delete	TITLE		☐ Change ☐ Addition
NAME	3535 Windsor Place		NAME		
STREET ADDRESS	Boca Raton, Florida 33496		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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:  DATE 4-16-01 DAYTIME PHONE # 561-994-3005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)