

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90085 011 ***150.00

DOCUMENT # *P98000012145*

1. Entity Name

Jerner & Associates, Inc.



DO NOT WRITE IN THIS SPACE

70026875

2. Principal Place of Business

4111 Ne Cheri Drive

Suite, Apt. #, etc.

3. Mailing Address

4111 Ne Cheri Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jensen Beach FL

City & State

Jensen Beach FL

4. FEI Number

050898917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bruce Jerner

Street Address (P.O. Box Number is Not Acceptable)

4111 Ne Cheri Drive

City

Jensen Beach

FL

Zip Code

34957

**DO NOT WRITE
IN THIS SPACE**

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 *NR Bruce Jerner*

Signature, typed or printed name of registered agent and title if applicable.

Bruce Jerner

(NOTE: Registered Agent signature required when reinstating)

3/10/03

DATE

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 *P*

NAME

STREET ADDRESS

CITY-ST-ZIP

*Bruce Jerner
4111 Ne Cheri Dr.
Jensen Beach, FL 34957*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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: *Bruce Jerner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

Date

772-225-1421

Daytime Phone #

CR2E034B (12/02)