

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90020 006 ***150.00

DOCUMENT # P98000028675

1. Entity Name

JARED FLETCHER CONSULTING CO.

Principal Place of Business

**6401 S.W. 87TH AVE. STE. 210
 MIAMI FL 33173**

Mailing Address

**6401 S.W. 87TH AVE. STE. 210
 MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

2180 Briarwood Bluff

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Atlanta, GA

4. FEI Number

65-0828879

Applied For

Not Applicable

Zip

Country

Zip

Country

30319

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

FLETCHER, JARED

6401 S.W. 87TH AVE. STE. 210

MIAMI FL 33173

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, 2002 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** ☐ Delete
 NAME **FLETCHER, JARED**
 STREET ADDRESS **6401 SW 87TH AVE STE 210**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

JARED FLETCHER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

404-840-8284

Daytime Phone #

CR2E034 (9/01)