

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90203 048 ***150.00

DOCUMENT # P98000029779

1. Entity Name
J. KERSHAW HOLDINGS, INC.



Principal Place of Business
**21300 BRINSON AVE.
UNIT 104
PORT CHARLOTTE FL 33952**

Mailing Address
**21300 BRINSON AVE.
PORT CHARLOTTE FL 33952**



2. Principal Place of Business

3. Mailing Address
23230 Lehigh Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Port Charlotte, FL

Zip

Country

Zip
33954

Country

4. FEI Number **65-0828220**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KERSHAW, JAMES D
21300 BRINSON AVE.
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name **James D. Kershaw**
Street Address (P.O. Box Number is Not Acceptable)
23230 Lehigh Av.
City **Port Charlotte** **FL** Zip Code **33954**

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

DATE **3/12/03**
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **KERSHAW, JAMES D**
STREET ADDRESS **21300 BRINSON AVE.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)