

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90013 037 ***158.75

DOCUMENT # P98000051922

1. Entity Name

JENCRA, INC.

Principal Place of Business

5505 N. ATLANTIC AVE
#115
COCOA BCH FL 32931

Mailing Address

5505 N. ATLANTIC AVE
#115
COCOA BCH FL 32931

2. Principal Place of Business

5796 Hoffner Ave

Suite, Apt. #, etc.

Suite 604

City & State

Orlando Florida

Zip

32822

Country

3. Mailing Address

5796 Hoffner Ave.

Suite, Apt. #, etc.

Suite 604

City & State

Orlando, Florida

Zip

32822

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3507444

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, CRAIG

5505 NORTH ATLANTIC SUITE 203
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

Craig Harris

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

5796 Hoffner Ave.

Suite 604

City

Orlando

FL

Zip Code

32822

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

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

TITLE PD
NAME HARRIS, CRAIG C
STREET ADDRESS 5505 NORTH ATLANTIC AVENUE SUITE 203
CITY-ST-ZIP COCOA BEACH FL 32931

☐ Delete

TITLE ST
NAME CAREY, JENNIFER L
STREET ADDRESS 5505 NORTH ATLANTIC AVENUE SUITE 203
CITY-ST-ZIP COCOA BEACH FL 32931

☐ Delete

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5796 Hoffner Ave, Suite 604
CITY-ST-ZIP Orlando, Florida 32822

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5796 Hoffner Ave, Suite 604
CITY-ST-ZIP Orlando, Florida 32822

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

04/24/01

Date

Daytime Phone #

407-380-8892

CR2E034 (10/00)